

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001567

FILED
Apr 29, 2010
Secretary of State

Entity Name: STANLEY SECURITY SOLUTIONS, INC.

Current Principal Place of Business:

6161 E. 75TH STREET
INDIANAPOLIS, IN 46250

New Principal Place of Business:

Current Mailing Address:

1000 STANLEY DRIVE
NEW BRITAIN, CT 06053

New Mailing Address:

FEI Number: 35-1842918 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BOSWELL, JUSTIN C
Address: 6161 E. 75TH STREET
City-St-Zip: INDIANAPOLIS, IN 46250

Title: S
Name: BEATT, BRUCE H
Address: 1000 STANLEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06053

Title: VPT
Name: BARTONE, MICHAEL A
Address: 1000 STANLEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06053

Title: T
Name: DOUGLAS, CRAIG A
Address: 1000 STANLEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06053

Title: CFO
Name: CHESNEY, LEE B
Address: 6161 E. 75TH STREET
City-St-Zip: INDIANAPOLIS, IN 46250

Title: VP
Name: SMULSKI, GREGORY P
Address: 1000 STANLEY DRIVE
City-St-Zip: NEW BRITAIN, CT 06053

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A. BARTONE

VP

04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date