

2001 Reinstatement

DOCUMENT # **F99006002655**

1. Entity Name
Pinkerton Government Services, Inc.

Principal Place of Business
**2370 W. Carson St.
Suite 250
Torrance, CA 90501**

Mailing Address
**4330 Park Terrace Dr.
Westlake Village, CA
91361**

2. Principal Place of Business
**2370 W. Carson St.
Suite, Apt. #, etc.
Suite 250**

3. Mailing Address
**4330 Park Terrace Dr.
Suite, Apt. #, etc.**

City & State
Torrance CA

City & State
Westlake Village, CA

Zip
90501

Country
USA

Zip
91361

Country
USA

FILED
01 OCT 18 PM 3:26
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1415679

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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 **Connie Bryan** **CONNIE BRYAN**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **SPECIAL ASSISTANT SECRETARY** **10-18-2001**
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|--|
| TITLE Director + President + Chief Executive Officer | <input checked="" type="checkbox"/> Delete |
| NAME Gary L. Hoy | |
| STREET ADDRESS 673 Emory Valley Rd. | |
| CITY-ST-ZIP Oakridge, TN 37830 | |
| TITLE Secretary + Treasurer | <input type="checkbox"/> Delete |
| NAME Jimmie H. Rich | |
| STREET ADDRESS 673 Emory Valley Rd | |
| CITY-ST-ZIP Oak Ridge, TN 37830 | |
| TITLE Chief Financial Officer | <input type="checkbox"/> Delete |
| NAME Dale L. Spencer | |
| STREET ADDRESS 673 Emory Valley Rd. | |
| CITY-ST-ZIP Oakridge, TN 37830 | |
| TITLE Director | <input type="checkbox"/> Delete |
| NAME Nils Ronald Thunman | |
| STREET ADDRESS 673 Emory Valley Rd. | |
| CITY-ST-ZIP Oakridge, TN 37830 | |
| TITLE Director | <input type="checkbox"/> Delete |
| NAME Harley A. Hughes | |
| STREET ADDRESS 673 Emory Valley Rd. | |
| CITY-ST-ZIP Oakridge, TN 37830 | |
| TITLE Director | <input type="checkbox"/> Delete |
| NAME James E. Freeze | |
| STREET ADDRESS 673 Emory Valley Rd. | |
| CITY-ST-ZIP Oakridge, TN 37830 | |

| | |
|---|--|
| TITLE President + Chief Exec. Officer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME James E. Miller | |
| STREET ADDRESS 200 N. Westlake Blvd. Ste. 215 | |
| CITY-ST-ZIP Westlake Village, CA 91362 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James E. Miller** **James E. Miller** **10/10/01 (805) 496-0959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)