

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 15 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F99000002655

1. Entity Name
PINKERTON GOVERNMENT SERVICES, INC.

Principal Place of Business 6850 VERSAR CENTER, SUITE 301 SPRINGFIELD, VA 22151 US	Mailing Address 4330 PARK TERRACE DR WESTLAKE VILLAGE, CA 91361 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04062004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 62-1415679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPER, RONALD J	NAME	
STREET ADDRESS	6850 VERSAR CENTER, SUITE 301	STREET ADDRESS	000033723310
CITY-ST-ZIP	SPRINGFIELD, VA 22151	CITY-ST-ZIP	04/23/04--01023--014 **150.00
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, MARK	NAME	
STREET ADDRESS	6850 VERSAR CENTER, SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD, VA 22151	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THUNMAN, NILS R	NAME	Nils Ronald Thurman
STREET ADDRESS	471 OAK RIDGE TURNPIKE	STREET ADDRESS	6850 Versar Center, Suite 301
CITY-ST-ZIP	OAK RIDGE, TN 37830	CITY-ST-ZIP	Springfield, VA 22151
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, HARLEY A	NAME	Harley A. Hughes
STREET ADDRESS	471 OAK RIDGE TURNPIKE	STREET ADDRESS	6850 Versar Center, Suite 301
CITY-ST-ZIP	OAK RIDGE, TN 37830	CITY-ST-ZIP	Springfield, VA 22151
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEZE, JAMES E	NAME	James E. Freeze
STREET ADDRESS	471 OAK RIDGE TURNPIKE	STREET ADDRESS	6850 Versar Center, Suite 301
CITY-ST-ZIP	OAK RIDGE, TN 37830	CITY-ST-ZIP	Springfield, VA 22151
TITLE	CFOT <input type="checkbox"/> Delete	TITLE	CFO, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPAGE, JENNIFER	NAME	Jennifer LePage
STREET ADDRESS	6220 N. BELTLINE	STREET ADDRESS	3625 W. Royal Lane, Suite 125
CITY-ST-ZIP	IRVING, TX 75063	CITY-ST-ZIP	Irving, TX 75063

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4/8/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark Howell, Secretary