

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000002655

1. Entity Name  
PINKERTON GOVERNMENT SERVICES, INC.



**FILED**  
04 APR 15 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6850 VERSAR CENTER, SUITE 301  
SPRINGFIELD, VA 22151 US

Mailing Address  
4330 PARK TERRACE DR  
WESTLAKE VILLAGE, CA 91361 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062004 Chg-P CR2E034 (10/03)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☐ Delete  
NAME HARPER, RONALD J  
STREET ADDRESS 6850 VERSAR CENTER, SUITE 301  
CITY-ST-ZIP SPRINGFIELD, VA 22151

TITLE S ☐ Delete  
NAME HOWELL, MARK  
STREET ADDRESS 6850 VERSAR CENTER, SUITE 301  
CITY-ST-ZIP SPRINGFIELD, VA 22151

TITLE D ☐ Delete  
NAME THUNMAN, NILS R  
STREET ADDRESS 471 OAK RIDGE TURNPIKE  
CITY-ST-ZIP OAK RIDGE, TN 37830

TITLE D ☐ Delete  
NAME HUGHES, HARLEY A  
STREET ADDRESS 471 OAK RIDGE TURNPIKE  
CITY-ST-ZIP OAK RIDGE, TN 37830

TITLE D ☐ Delete  
NAME FREEZE, JAMES E  
STREET ADDRESS 471 OAK RIDGE TURNPIKE  
CITY-ST-ZIP OAK RIDGE, TN 37830

TITLE CFOT ☐ Delete  
NAME LEPAGE, JENNIFER  
STREET ADDRESS 6220 N. BELTLINE  
CITY-ST-ZIP IRVING, TX 75063

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000033723310**  
**04/23/04--01023--014 \*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition  
NAME Nils Ronald Thurman  
STREET ADDRESS 6850 Versar Center, Suite 301  
CITY-ST-ZIP Springfield, VA 22151

TITLE Director ☒ Change ☐ Addition  
NAME Harley A. Hughes  
STREET ADDRESS 6850 Versar Center, Suite 301  
CITY-ST-ZIP Springfield, VA 22151

TITLE Director ☒ Change ☐ Addition  
NAME James E. Freeze  
STREET ADDRESS 6850 Versar Center, Suite 301  
CITY-ST-ZIP Springfield, VA 22151

TITLE CFO, Treasurer ☒ Change ☐ Addition  
NAME Jennifer LePage  
STREET ADDRESS 3625 W. Royal Lane, Suite 125  
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:

*Mark Howell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark Howell, Secretary

4/8/04

Date

Daytime Phone #