

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0657262
AT

DOCUMENT # F99000002655

1. Entity Name
PINKERTON GOVERNMENT SERVICES, INC.



FILED

03 FEB 21 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2370 N. CARSON ST
SUITE 250
TORRANCE CA 90501
US

Mailing Address
4330 PARK TERRACE DR
WESTLAKE VILLAGE CA 91361
US

2. Principal Place of Business
6850 Versar Center, Suite 301
Suite, Apt. #, etc.

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

City & State
Springfield, VA
Zip
22151

Country
USA

City & State
Westlake Village, CA
Zip
91361

Country
USA

4. FEI Number 62-1415679

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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)
800014095258
03/14/03--01080--036 **150.00
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MILLER, JAMES E 200 N. WESTLAKE BLVD, STE. 215 WESTLAKE VILLAGE CA 91362	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICH, JIMMIE H 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THUNMAN, NILS R 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, HARLEY A 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEZE, JAMES E 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SPENCER, DALE L 673 EMORY VALLEY ROAD OAK RIDGE TN 37830	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Ronald J. Harper 6850 Versar Center, Suite 301 Springfield, VA 22151	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mark Howell 6850 Versar Center, Suite 301 Springfield, VA 22151	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nils Ronald Thunman 471 Oak Ridge Turnpike Oak Ridge, TN 37830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Harley A. Hughes 471 Oak Ridge Turnpike Oak Ridge, TN 37830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James E. Freeze 471 Oak Ridge Turnpike Oak Ridge, TN 37830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO and Treasurer Jennifer LePage 6220 N. Beltline Irving, TX 75063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03

Date Daytime Phone #

CR2E034 (10/02)