2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9900003822 1. Entity Name KROLL BACKGROUND AMERICA, INC.								ILEI P 22 F) 4:11		
Principal Place of Business Mailing Address 1900 CHURCH STREET, SUITE 400 1900 CHURCH STR			T SHITE 400-			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
NASHVILLE, TN 37203 NASHVILLE, TN 37203							1 1818 1831 8811 68111	61 11 <u> </u> 4 C 11	111 0 1 1011 0 11015 111		
2. Principal P	ace of Business	3. Mailing Address 1900 Church Street									
Suite, Apt.		Suite, Apt. #, etc.				09012006	Chg-P	CR2E	034 (11/05)		
City & State	· ····	Noushalle, Th 37203			3	4. FEI Numb 62-161			No	oplied For ot Applicable	
Zip	Country	37203	Count				of Status Desired		\$8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
1201 HAYS	ATION SERVICE COMPANY SISTREET SISSEE, FL 32301-2525		Street Address (P.O. Box Number is Not Acceptable)								
					<u>-</u>			FI	Zip Cod	e	
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											
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10. TITLE	OFFICERS AND	DIRECTORS Delete	11.			ADDITIONS	CHANGES TO C	FFICERS AN	D DIRECTOR Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	AME SHMERLING, MICHAEL D IREET ADDRESS 1900 CHURCH STREET SUITE 400			ET ADDRESS ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS	President A. Michael Rosen 1900 Church Atrect, Linta 300 Nathaille Th 37203						
TITLE NAME STREET ADDRESS CITY+ST-ZIP					Change Addition 300080312593 09/29/0601067009 **550.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP			K. Ec	kel SF	□ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.											
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	dest	9/	20/06	Lel 5-	320 - C	Q O D Daytume Phone #		