

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000003822**

1. Entity Name  
**KROLL BACKGROUND AMERICA, INC.**



Principal Place of Business  
**1900 CHURCH STREET, SUITE 400  
NASHVILLE, TN 37203**

Mailing Address  
**1900 CHURCH STREET  
SUITE 300  
NASHVILLE, TN 37203**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1614830**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROSEN, A MICHAEL
STREET ADDRESS	1900 CHURCH STREET, SUITE 300
CITY-STATE-ZIP	NASHVILLE, TN 37203
TITLE	VSD
NAME	PEREZ, SABRINA
STREET ADDRESS	900 THIRD AVENUE
CITY-STATE-ZIP	NEW YORK, NY 10021
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000797897  
01/30/08-80007-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*A. Michael Rosen*  
**President**

**1-15-08**  
Date

**615-320-9800**  
Daytime Phone # **44-223**