

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90937 042 ***150.00

DOCUMENT # K66283

1. Entity Name

ALLIED SECURITY INC.

Principal Place of Business

Mailing Address

-- C T CORPORATION SYSTEM
 --- LIBRARY RD
 --- PITTSBURGH PA 15234-9621

% C T CORPORATION SYSTEM
 2840 LIBRARY RD
 PITTSBURGH PA 15234-2621



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1594341

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOLMES, NEAL H.	
STREET ADDRESS	2840 LIBRARY ROAD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	DST	<input type="checkbox"/> Delete
NAME	STEIN, STEVEN B.	
STREET ADDRESS	2840 LIBRARY ROAD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, ALBERT.	
STREET ADDRESS	3606 HORIZON DRIVE	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DANIEL C.	
STREET ADDRESS	3606 HORIZON DRIVE	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITMORE, WILLIAM C.	
STREET ADDRESS	3606 HORIZON DRIVE	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNIDER, JAY	
STREET ADDRESS	3606 HORIZON DRIVE	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, R. DAVID.	
STREET ADDRESS	3606 HORIZON DRIVE	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

4-24-00 (412) 884-2636

Date

Daytime Phone #

CR2E034 (9/99)