

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90329 038 ***150.00

DOCUMENT # K66283

1. Entity Name
ALLIED SECURITY INC.

Principal Place of Business
% C T CORPORATION SYSTEM
3606 HORIZON DRIVE
KING OF PRUSSIA PA 19406

Mailing Address
% C T CORPORATION SYSTEM
3606 HORIZON DRIVE
KING OF PRUSSIA PA 19406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
25-1594341

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
BERGER, ALBERT
3606 HORIZON DR.
KING OF PRUSSIA PA 19406 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Secretary
Bruce A. Belting
3606 Horizon Dr
King of Prussia, PA 19406 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST
WEAVER, DANIEL C
3606 HORIZON DR.
KING OF PRUSSIA PA 19406 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CFO
William Torzolini
3606 Horizon Dr
King of Prussia, PA 19406 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WHITMORE, WILLIAM C.
3606 HORIZON DR.
KING OF PRUSSIA PA 19406 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SNIDER, JAY
3606 HORIZON DR.
KING OF PRUSSIA PA 19406 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
ANDREWS, R. DAVID
3606 HORIZON DR.
KING OF PRUSSIA PA 19406 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 _____ ☐ Delete

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

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: William Torzolini, CFO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

610-239-1100
 Daytime Phone #

CR2E034 (9/01)