FILED 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR). Jun 06, 2005 8:00 am Secretary of State

DOCUMENT # M0300000595 1. Entity Name ALLIED SECURITY LLC								05-02-20	•	022 ****50	0.00
3606 HORIZON DR.			Mailing Address 3606 HORIZON DR. KING OF PRUSSIA PA 19406				30.008851				
Principal Place of Business 3. Mailing Address				_							
Suite, Apt. W, etc.			Suite, Apt. #, etc.				1:	st MOORE	CR2E	083 (10/04)	
City & State			City & State			4	i. FEI Numb	AP-PLIE	D FOR		plied For t Applicable
Zip	Countr	у	Zip	Country		5	Certificate of Status Desired				
	6. Name and Add	ress of Current Rec	istered Agent		Name	7	. Name and	Address of N	aw Registere	d Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. TALLAHASSEE FL 32301					Street Ac	ddress (P.C), Box Numb	per is Not Acce	ptable)		
•		· . •			City				F	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 Signature, typed or protect name of registered agent and title 4 applicable (MOTE Registered Agent signature required when reinstaturg) DATE											
FILE NOW!!! Make Check Payable to FI Due By M					orida Dep	partment (of State				
9.	MA	NAGING MEMBERS	/MANAGERS Delete	10.		7.44	-	ADDIT	ONS/CHANG	ESChange	Addition
NAME STREET ADDRESS City-ST-ZIP	SPECTAGUARD AC 3606 HORIZON DR KING OF PRUSSIA		☐ Overess	MAN SIRE		ALS	T. BEA LOND YOCK	JCA ST NY	10022		
NAME STREET ADDRESS CITY-ST-ZIP	P 7 NAMA 9 1 WHITMORE, WILLI 3606 HORIZON DE KING OF PRUSSIA	AM C IIVE	□ Deleby							☐ Change	Addition
HILE NAME "STREET ADDRESS CITY-ST-ZIP	CFO MCM TORZOLINI, WILLI 3606 HORIZON DR KING OF PRUSSIA	AM A	Delete		· (_			Change	Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	S GELTING, BRUCE 3606 HORIZON DI KING OF PRUSSIA	RIVE	⊠ Deleta			,				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald 0. 35 E. 629 New York		□ Delete Managen Z		I					Change	Addition
IIILE NAME STREET ADDRESS CITY-51-ZIP	Todd Slot 35 C. 62 New year	tkin nd St K, MY 100	□ Delete Man-ysk 22							☐ Change	Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am a managing member of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE:											
		OR PROJEC NAME OF S	CHING MANAGING MEMBER, MA	NAGER, D	RAUTHORIZED	REPRESENT	ATIVE	Date		Daytates Phone 4	



ATTACHMENT # M0300000595 300085/

Jan. 26, 2004 LTR 147C 30-0158237 000000 00 000 Input Op: 0150324621 02831

BODC: SB

ALLIED SECURITY LLC
% SPECTAGUARD ACQUISITION LLC
3606 HORIZON DR
KNG OF PRUSSA PA 19406-2647065

Employer Identification Number: 30-0158237

Dear Taxpayer:

We received your request of Jan. 14, 2004 asking us to verify your employer identification number (EIN) and name.

Your employer identification number (EIN) is 30-0158237. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Numbe	er ()	Hours
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ATTACHMENT MU300000595

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#30058851

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ALLIED SECURITY LLC
% SPECTAGUARD ACQUISITION LLC
3606 HORIZON DR
KNG OF PRUSSA PA 19406-2647065

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Pamela M. Barry, Operations Mgr.

Accounts Management III

Enclosure(s):
Copy of this letter