

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000595

FILED
Apr 24, 2007
Secretary of State

Entity Name: ALLIED SECURITY LLC

Current Principal Place of Business:

3606 HORIZON DR.
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

3606 HORIZON DR.
KING OF PRUSSIA, PA 19406

New Mailing Address:

FEI Number: 30-0158237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPECTAGUARD ACQUISIT, ION LLC
Address: 3606 HORIZON DR.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: MGR () Delete
Name: WHITMORE, WILLIAM C
Address: 3606 HORIZON DRIVE
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: MGR () Delete
Name: TORZOLINI, WILLIAM A
Address: 3606 HORIZON DRIVE
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S () Delete
Name: ARCLMAN, DONALD O
Address: 35 C 62ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: MGRM () Delete
Name: SLOTKIN, TODD
Address: 35 C 62ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: BERGER, AL J
Address: 35 C 62ND STREET
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM A. TORZOLINI

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date