


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90109 023 \*\*\*\*50.00

**DOCUMENT # M0400000891**

1. Entity Name  
**PROFESSIONAL SECURITY BUREAU LLC**



Principal Place of Business  
**3606 HORIZON DRIVE  
 KING OF PRUSSIA PA 19406**

Mailing Address  
**3606 HORIZON DRIVE  
 KING OF PRUSSIA PA 19406**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

4. FEI Number **84-1634162** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SPECTRAGUARD ACQUISITION LLC</b> <b>3606 HORIZON DRIVE</b> <b>KING OF PRUSSIA PA 19406</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William C. Whitnall</b> <b>3606 Horizon Dr.</b> <b>King of Prussia, Pa 19406</b> <input type="checkbox"/> Delete <i>Manager</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William A. Torzolini</b> <b>3006 Horizon Dr.</b> <b>King of Prussia, Pa. 19406</b> <input type="checkbox"/> Delete <i>Member</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ronald PERELMAN</b> <b>35 E 62nd St.</b> <b>New York, NY 10022</b> <input type="checkbox"/> Delete <i>Manager</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Todd Slotkin</b> <b>35 E 62nd St</b> <b>New York, NY 10022</b> <input type="checkbox"/> Delete <i>Manager</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Al BERGER</b> <b>35 E. 62nd St.</b> <b>New York, NY 10022</b> <input type="checkbox"/> Delete <i>Manager</i>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **4.19.05** **610.239.1239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #