

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Nov 03, 2006
Secretary of State**

DOCUMENT# M04000000891

Entity Name: PROFESSIONAL SECURITY BUREAU LLC

Current Principal Place of Business:

3606 HORIZON DRIVE
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

3606 HORIZON DRIVE
KING OF PRUSSIA, PA 19406

New Mailing Address:

FEI Number: 84-1634162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: KELLY ZYCHOWSKI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SPECTRAGUARD ACQUISITION LLC
Address: 3606 HORIZON DRIVE
City-St-Zip: KING OF PRUSSIA, PA 19406

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

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

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

Title: MGR () Delete
Name: TORZOLINI, WILLIAM A.
Address: 3006 HORIZON DRIVE
City-St-Zip: KING OF PRUSSIA, PA 19406

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

Title: MGR () Delete
Name: PERELMAN, RONALD
Address: 35 E. 62ND STREET
City-St-Zip: NEW YORK, NY 10022

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

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

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

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

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 C. WHITMORE

MGR

11/03/2006

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