

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

|                                                    |  |                                                                                   |                                                                                                                     |
|----------------------------------------------------|--|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1998 |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS           |
| FILING FEE \$ 188.75                               |  |                                                                                   | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |

FILED  
Mar 23 1998 8:00 am  
Secretary of State

|                                                                                                                                                      |  |                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------|--|
| 1. Name and Mailing Address of Limited Liability Company<br><b>SECURICOR NEW CENTURY, L.L.C.</b><br>9609 GAYTON ROAD, SUITE 100<br>RICHMOND VA 23233 |  | DOCUMENT # M96000000448                                                                     |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                 |  | 2a. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                   |  |
| 3. Date Organized or Qualified<br>11/13/1996                                                                                                         |  | 3a. State of Formation<br>VA                                                                |  |
| 4. FEI Number<br>54-1859903                                                                                                                          |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable             |  |
| 5. Date of Last Report<br>09/08/1997                                                                                                                 |  | 6. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |  |

|                                                                                                                                 |  |                                                                                                                                                                                                                                                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of Current Registered Agent<br><b>MORGENTHAU, JOHN</b><br>10545 NORTH MERIDIAN ROAD<br>TALLAHASSEE FL 32312 |  | 8. Name and Address of New Registered Agent/Office<br>Name<br><b>Nancy Linnan</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>215 South Monroe St.</b><br>Suite, Apt. #, etc.<br><b>Suite 500</b><br>City<br><b>Tallahassee</b><br>Zip Code<br><b>FL 32302</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Nancy Linnan* DATE 3/9/98  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address                                           | City, State and Zip Code                  |
|-----------|---------------------------|-------------------------------------------------------------------|-------------------------------------------|
| MGRM      | MCCLURE, DIANE K          | <del>8907 RIVER ROAD</del><br>9609 Gayton Rd, Suite 100           | RICHMOND VA                               |
| MGRM      | BROWNE, GAIL Y            | <del>8907 RIVER ROAD</del><br>9609 Gayton Rd, Suite 100           | RICHMOND VA                               |
| MGRM      | MORGENTHAU, JOHN          | <del>10545 NORTH MERIDIAN ROAD</del><br>9609 Gayton Rd, Suite 100 | <del>TALLAHASSEE FL</del><br>Richmond, VA |
| MGRM      | BRENNAN, JAMES            | 207 KING STREET                                                   | COLUMBIA SC                               |

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Diane K. McClure* 3.19.98 (804) 254-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #