| LIMITED LIABILITY COMPANY  ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS |                                    |   |             |                     |   |                           | Signal Friday Williams  So report to 4:17   |                         |                               |                                  |
|---|------------------------------------|---|-------------|---------------------|---|---------------------------|---|-------------------------|-------------------------------|----------------------------------|
| FILING<br>\$ 188.   | FEE Ann                            | ual Report \$100.00                                     |             |                     | 9 ELB 11 1  | ( ,                       | . •   |                         |                               |                                  |
| 1. Name a   | and Mailing Ad<br>ted Liability Co |   |             | Т# м96              |   |                           | <b>=</b>  |                         |                               |                                  |
| SECURICOR NEW CENTURY, L.L.C.<br>9609 GAYTON ROAD, SUITE 100<br>RICHMOND VA 23233   |                                    |   |             |                     |   |                           | 1a. Principal Place of Business Address 9609 GAYTON ROAD, SUITE 100 RICHMOND VA 23233 |                         |                               |                                  |
| 2 Principal Place of Business 2a. Ma  |                                    |   |             | iling Address       |   |                           | 3. Date Organ   | ized or Qualified       | 3a. State                     | of Formation                     |
| Suite, Apt. #, etc  |                                    |   | Suite, A    | Suite, Apt. #. etc. |   |                           | 11/13/  |                         | VA                            |                                  |
| Suite, Apr. #, Bro.   |                                    |   |             | le, Apr. #, etc.    |   |                           | 4. FEI Number   | r                       | +                             | Applied For                      |
| City & State  |                                    |   | City & S    | itate               |   |                           | 54-185  | 54-1859903 Not Applica  |                               |                                  |
| Zip   |                                    | Country   | Zip         |                     | Count   | iry                       | 5. Date of Last   | Report                  |                               | ate of Status Desired            |
|   |                                    | <u> </u>  | <u> </u>    | ·—                  | <u> </u>  |                           | 03/23/  |                         |                               | tional Fee Required              |
|   | 7. Name                            | and Address of Current                                  | Registered  | d Agent             |   | Name 8.                   | . Name and Addre  | ss of New Regis         | tered Agen                    | t/Office                         |
| LINNAN, NANCY<br>215 SOUTH MONROE ST.<br>SUITE 500<br>TALLAHASSEE FL 32302  |                                    |   |             |                     | Street Address (P.O. Box Number Suite, Apr. #, etc. |                           |   | Zip Code/               |                               |                                  |
| 0 Pursua  | est to the provis                  | sions of Sections 608.416                               | and 608 50  | Florida Statut      | tos the af  | hous-named limit          | ad liability company  | FL submits this state   | mont for the                  | A Panging                        |
| its register  | red office or reg                  | pistered agent, or both, in the accept the obligations. |             |                     |   |                           |   |                         |                               |                                  |
| SIGNATU   | RE                                 | (Registered Agent Accepting                             | Apportment) | (NOTE_Registered A  | ger1 signatur                                       | re regioned when repost ( | Seeg)   | DATE _                  |                               | ·                                |
| 10. Title   | <del> </del>                       |   |             |                     | Business Street Address                             |                           |   | City                    | State and                     | Zip Code                         |
|   |                                    |   |             |                     | 9609 GAYTON RD SUITE 10                             |                           |   |                         |                               |                                  |
| MGRM  | IGRM BROWNE, GAIL Y                |   |             | 9609                | 9609 GAYTON RD SUI                                  |                           |   | RICHM                   | OND V                         | A                                |
| MGRM  | MGRM MORGENTHAU, JOHN              |   |             | 9609                | 9609 GAYTON RD SUITE                                |                           |   | RICHMO                  | OND V                         | A                                |
| MGRM BRENNAN, JAMES   |                                    |   |             | 207 K               | 207 KING STREET                                     |                           |   | COLUMI                  | SIA SO                        | 3                                |
|   | I                                  |   |             |                     |   |                           | 22.0  | 20002<br>92/28<br>****1 | 7 (15)<br>3/90 - 1<br>88 , 75 | 122 3<br> 1094018<br> ****188.75 |
|   |                                    |   |             |                     |   |                           |   |                         |                               |                                  |

SIGNATURE: SIGNATURE AND TYPE DES PRINTED NAME OF SIGNING MATAGRIPE MEMBER OR MATAGRIP