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FILED
Jul 08, 2002 8:00 am
Secretary of State
06-10-2002 90120 005 ****90.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000448

1. Entity Name

Securicor New Century, LLC
9609 Gayton Road, Suite 100
~~Richmond, VA 23233~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1859903 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CFRA, LLC
Street Address (P.O. Box Number is Not Acceptable): One Harbour Place
777 S Harbour Island Blvd, 5th Floor
City: Tampa FL Zip Code: 33602

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.

SIGNATURE _____ 7/03/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	President and CEO MGRM
NAME	Gail Y Browne
STREET ADDRESS	9609 Gayton Road, Suite 100
CITY-ST-ZIP	Richmond, VA 23233
TITLE	Executive VP/COO MGRM
NAME	John Morgenthau
STREET ADDRESS	2092 Cynthia Drive
CITY-ST-ZIP	~~Tallahassee, FL 32303~~
TITLE	Fiona Walters MGRM
NAME	15 Carshalton Road
STREET ADDRESS	Sutton, Surrey UK
CITY-ST-ZIP	~~SM1 4LD~~
TITLE	MGRM
NAME	James Brennan
STREET ADDRESS	207 King Street
CITY-ST-ZIP	Columbia, SC 29205
TITLE	
NAME	
STREET ADDRESS	
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CR2E083B (12/01)

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: Gail Y Browne 6-3-02 804-754-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #