

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90001 028 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

10108225

DOCUMENT # M96000000448					
1. Entry Name SECURICOR NEW CENTURY, L.L.C.					
Principal Place of Business 9609 GAYTON ROAD, SUITE 100 RICHMOND, VA 23233			Mailing Address 9609 GAYTON ROAD, SUITE 100 RICHMOND, VA 23233		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 54-1859903	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CFRA, LLC ONE HARBOUR PLACE 777 S HARBOUR ISLAND BLVD 6TH FLOOR TAMPA, FL 33602				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's signature required when submitting) Signature, typed or printed name of registered agent and title (if any) (NAME) DATE					
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete ☐ Addition
STREET ADDRESS	MGRM BROWNE, GAIL Y		STREET ADDRESS		
CITY - ST - ZIP	9602 GAYTON ROAD, SUITE 100 RICHMOND, VA 23233		CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete ☐ Addition
STREET ADDRESS	MGRM MORGENTHAU, JOHN L		STREET ADDRESS		
CITY - ST - ZIP	2092 CYNTHIA DRIVE TALLAHASSEE, FL 32303		CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete ☐ Addition
STREET ADDRESS	MGRM WALTERS, FIONA		STREET ADDRESS		
CITY - ST - ZIP	SUTTON PARK HOUSE 16 CARSHALTON ROAD SUTTON, SURREY SM1 4LD UK,		CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete ☐ Addition
STREET ADDRESS	MGRM BRENNAN, JAMES		STREET ADDRESS		
CITY - ST - ZIP	207 KING STREET COLUMBIA, SC 29206		CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Delete ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Gail Y. Browne</i> 6/17/03 804-754-1100					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

CR2E083 (10/02)