

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90106 002 ****80.00

DOCUMENT # N02035

1. Corporation Name

INTERNATIONAL ASSOCIATION OF PROFESSIONAL SECURITY CONSULTANTS, INC.

Principal Place of Business

1444 I STREET. N.W.
SUITE 700
WASHINGTON DC 20002-2210

Mailing Address

1444 I STREET. N.W.
SUITE 700
WASHINGTON DC 20002-2210

104244 90106 2 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 20005-2210 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 20005-2210 29 Country

3. Date Incorporated or Qualified

03/19/1984

4. FEI Number
31-1442600

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CHAMBERS, RAY W
11113 BELLA LOMA DR
LARGO FL 33774

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CLARK, JAMES CPP
STREET ADDRESS 21582 LAKE ROAD
CITY-ST-ZIP BAY VILLAGE OH

TITLE IPP
NAME WARRINGTON, MARK CPP
STREET ADDRESS 7276 S.W. BEAVERTON-HILLSDALE HWY., #224
CITY-ST-ZIP PORTLAND OR 97225-2008

TITLE T
NAME WITHERSPOON, RALPH CPP
STREET ADDRESS 25000 GREAT NORTHERN CENTER, #300
CITY-ST-ZIP CLEVELAND OH 44070-5340

TITLE D
NAME CLENDENIN, EDWARD CPP
STREET ADDRESS 7606 DEL REY LANE
CITY-ST-ZIP HOUSTON TX 77071-1416

TITLE D
NAME HAWTHORNE, WILLIAM CPP
STREET ADDRESS 55 WOODRIDGE ROAD
CITY-ST-ZIP WAYLAND MA 01778

TITLE D
NAME LIBENGOOD, RONALD CPP
STREET ADDRESS 90 BETA DRIVE
CITY-ST-ZIP PITTSBURG PA 15238-2998

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE James Clark, CPP
1.2 NAME 33104 Lake Rd.
1.3 STREET ADDRESS Avon Lake, OH 44012
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D
5.2 NAME Hawthorne, William CPP
5.3 STREET ADDRESS 104 Bahlia Drive
5.4 CITY-ST-ZIP Wayland, MA 01778

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/98 440-930-5066

Date

Daytime Phone #

CR2E037 (1/98)