

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P04310**

1. Entity Name

PINKERTON'S INC.

Principal Place of Business

Mailing Address

**4330 PARK TERRACE DRIVE
WESTLAKE VILLAGE CA 91361
US**

**4330 PARK TERRACE DRIVE
WESTLAKE VILLAGE CA 91361
US**

2. Principal Place of Business

3. Mailing Address

200 S. Michigan Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Chicago, IL

Zip

Country

Zip

Country

60604

USA

4. FEI Number

13-5318100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

400005194604

-04/05/02--01022--013

City

*****150.00 FL ***150.00**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Please see attachment

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCED WALKER, DON W 200 S. MICHIGAN AVE CHICAGO IL 60604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKARHOLD, AMUND 200 S. MICHIGAN AVE CHICAGO IL 60604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCD WINBERG, HAKAN 3 MAPLE WAY, FELTHAM MIDDLESEX TW137AW	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MCNULTY, JAMES F III 200 S. MICHIGAN AVENUE CHICAGO IL 60604	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CERAR, LAURA J 4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA 91361	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD FERENS, RICHARD 4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA 91361	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President, General Counsel and Secretary Frederick W. London 4330 Park Terrace Dr., Westlake Village, CA 91361	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Finance + Controller Robert W. Heyert Two Campus Dr. Parsippany, NJ 07054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Finance + CIO Steven A. Linskey 4330 Park Terrace Dr. Westlake Village, CA 91361	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer James Loria Two Campus Drive Parsippany, NJ 07054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Richard J. Barry One Harborside Dr., Suite 3005 Boston, Mass. 02128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary John Quinn 7004 Security Blvd., Suite 200 Baltimore, MD 21244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert Y. Park

3/26/02 (818) 706-6800
Date Daytime Phone #

APPROVED
AND
FILED

02 MAR 29 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0616221 AT

CR2E034 (9/01)

**ATTACHMENT TO THE STATE OF FLORIDA
CORPORATION ANNUAL REPORT
PINKERTON'S, INC.
(A Delaware Corporation)**

Additional Officers:

<u>Name</u>	<u>Title Held</u>	<u>Address</u>
Albert Y. Park	Assistant Secretary	4330 Park Terrace Dr. Westlake Village, CA 91361

CT CORPORATION

CORPORATION(S) NAME

2) Pinkerton's Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

3/29/02

Order#: 5237294

Ref#: _____

Amount: \$ _____

kf

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

RECEIVED
 02 MAR 29 AM 11:32
 TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS