

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90113 006 \*\*\*150.00

DOCUMENT # P11281

1. Corporation Name

INTERNATIONAL TOTAL SERVICES, INC.

Principal Place of Business

5005 ROCKSIDE RD  
CLEVELAND OH 44131

Mailing Address

5005 ROCKSIDE RD  
CLEVELAND OH 44131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1986

4. FEI Number

34-1264201

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

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TOMMIE J. HANNAH  
TAMPA AIRPORT MARRIOTT  
STE. B-16  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name PETER COLLINS

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

704 S.W. 34TH ST.

83 Room 201

84 City FT. LAUDERDALE

FL

85 Zip Code 33315

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/19/99

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE  
NAME WEITZEL, ROBERT  
STREET ADDRESS 5005 ROCKSIDE RD  
CITY-ST-ZIP CLEVELAND OH

TITLE C ☐ DELETE  
NAME SWARTZ, ROBERT A  
STREET ADDRESS 5005 ROCKSIDE RD  
CITY-ST-ZIP CLEVELAND OH 44131

TITLE S ☐ DELETE  
NAME WEITZEL, JEANETTE  
STREET ADDRESS 5005 ROCKSIDE RD  
CITY-ST-ZIP CLEVELAND OH

TITLE P ☐ DELETE  
NAME SINGER, JAMES  
STREET ADDRESS 5005 ROCKSIDE RD #1200  
CITY-ST-ZIP CLEVELAND OH 44131

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRES FINANCE, TREASURER ☒ Change ☐ Addition  
2.2 NAME BRIAN KENYON  
2.3 STREET ADDRESS 5005 ROCKSIDE RD #1200  
2.4 CITY-ST-ZIP CLEVELAND, OHIO 44131

3.1 TITLE SECRETARY ☒ Change ☐ Addition  
3.2 NAME SCOTT BREWER  
3.3 STREET ADDRESS 5005 ROCKSIDE RD #1200  
3.4 CITY-ST-ZIP CLEVELAND, OHIO 44131

4.1 TITLE PRESIDENT ☒ Change ☐ Addition  
4.2 NAME STEVEN JOHNSTON  
4.3 STREET ADDRESS 5005 ROCKSIDE RD, #1200  
4.4 CITY-ST-ZIP CLEVELAND, OHIO 44131

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

Date

2166424522

Daytime Phone #

CR2E034 (11/98)

0524462