

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90087 006 \*\*\*150.00

**DOCUMENT # P11281**

1. Entity Name

**INTERNATIONAL TOTAL SERVICES, INC.**

Principal Place of Business

**5005 ROCKSIDE RD  
 CLEVELAND OH 44131**

Mailing Address

**P.O. BOX 318029  
 INDEPENDENCE OH 44131**

**B0105329**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5005 Rockside Rd**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 1200**

City & State

**Cleveland, OH**

City & State

4. FEI Number

**34-1264201**

Applied For

Not Applicable

Zip

**44131**

Country

**Cuyahoga**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.  
 941 4TH STREET, 2ND FLOOR  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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.

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**

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO  
 THOMPSON, MARK  
 5005 ROCKSIDE RD  
 CLEVELAND OH** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S  
 BREWER, SCOTT  
 5005 ROCKSIDE RD #1200  
 CLEVELAND OH 44131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CFO  
 SOSH, MICHAEL F  
 5005 ROCKSIDE RD  
 INDEPENDENCE OH 44131** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
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TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Change ☐ 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

**4/26/02 (216)6412-4522**  
 Date Daytime Phone #

CR2E034 (9/01)