200	1 UNIFORM BUS	INE22 KEPU	KI (UB	K)						
DOCUMENT # P14588 1. Entity Name										
AMERICAN PROTECTIVE SERVICES, INC.					FILED					
Principal Place of Business Mailing Address					OI APR 25 PM 3: 04					
7770 PARDEE LANE OAKLAND CA 94621		4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA 91361			SECRETARY OF STATE TALLAHASSEE FLORIDA					
				1						
2. Principal Place of Business		3. Mailing Address								
2. Principal Place of Business 4330 PARK TERRACE DRIVE Suite, Apt. #, etc.		SAME Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State								
WESTLAKE VILLAGE, CA						94-1366324		No	t Applicable	
Zip 91.361	VENTURA		Zip Country		5. Certificate of Status Desired Status Desired Fee Required					
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Ad	Idress of New Reg	Istered Age	nt	·-	
	CORPORATION SYSTEM CT CORPORATION SYSTEM		Street A	eet Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		ļ —			-		ua.			
PLAF	NIAHUN FL 33324		City			-	FL	Zip Code)	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or	registered a	gent, or both, i	n the State of Floric	la.			
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required v					reinstating)		DATÉ			
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, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		50.00	1 Trust Fund Continuon. L.: Added in Fees L					
11.	OFFICERS AND I	DIRECTORS Delete	12.	Α	DDITIONS/CH	ANGES TO OFFICE		RECTORS Change	IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	WALKER, DON W 4330 PARK TERRACE DRIVE		NAME -STREET ADDRESS CITY-ST-ZIP	l :	200 S. MICHIGAN AVENUE CHICAGO, IL 60604					
TITLE	PD Delete CERAR, LAURA J		TITLE		40	00041	638	Ghange	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA 91361		NAME STREET ADDRESS CITY-ST-ZIP	-05/08/0101142017 ****150.00 ****150.00)17		
TITLE NAME	VT FERENS, RICHARD	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA 91361	<i>r</i>	STREET ADDRESS CITY-ST-ZIP							
TITLE	S LONDON, FREDERICK W	☐ Delete	TITLE				X	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA 91361	ARK-TERRACE DRIVE		4165 E. THOUSAND OAKS BLVD., SUITE 101 WESTLAKE VILLAGE. CA 91361						
TITLE NAME	AS MANN, JOHN M	☐ Delete	TITLE NAME		-			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	4330 PARK TERRACE DRIVE WESTLAKE VILLAGE CA 91361		STREET ADDRESS CITY-ST-ZIP							
TITLE	AS	☐ Delete	TITLE				ΛΟΣ	Change	Addition	
PEDERSEN, DWIGHT S TREET ADDRESS CITY-ST-ZIP PEDERSEN, DWIGHT S TERRACE DRIVE WESTLARE VILLAGE CA 91381			NAME Street address City-St-Zip	8041 COLDEN FACIE WAY						
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 hat 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:

ITED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 12, 2001

(805) 374-1126

Daytime Phone #

Date