

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P25235

**FILED**  
**Oct 15, 2010**  
**Secretary of State**

**Entity Name:** UNITED STATES PROTECTIVE SERVICES CORPORATION

**Current Principal Place of Business:**

4734 SPRING RD.  
CLEVELAND, OH 44131

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 28222  
CLEVELAND, OH 441280222

**New Mailing Address:**

**FEI Number:** 34-1611633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMON, MICHAEL W  
3839 NW BOCA RATON BLVD  
STE 100  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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: MICHAEL W SIMON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: COHEN, GILDA  
Address: 18200 MILES ROAD  
City-St-Zip: CLEVELAND, OH 44128

Title: V  
Name: COHEN, MARC  
Address: 32100 TRACY LANE  
City-St-Zip: SOLON, OH 44139

Title: P  
Name: COHEN, JEFFREY  
Address: 32573 TRAILWOOD COURT  
City-St-Zip: SOLON, OH 44139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY COHEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/15/2010

\_\_\_\_\_  
Date