2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# P28007

Entity Name: THE LOOMIS COMPANY

Current Principal Place of Business:

850 PARK RD
WYOMISSING, PA 196106011 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7011
WYOMISSING, PA 196107011

New Mailing Address:

FEI Number: 23-2238132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VLAZNY, DAVID
C/O THE LOOMIS COMPANY
2929 E. COMMERCIAL BLVD., SUITE 705
FORT LAUDERDALE, FL 33308 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LOOMIS, JAMES R.,	
Address:	850 PARK RD	
City-St-Zip:	WYOMISSING, PA	
Title:	VP	( ) Delete
Name:	SMITH, H. EDMOND,	
Address:	850 PARK RD	
City-St-Zip:	WYOMISSING, PA	
Title:	VP	( ) Delete
Name:	FORSBERG, THOMAS	
Address:	850 PARK RD	
City-St-Zip:	WYOMISSING, PA 196106011	
Title:	VP	( ) Delete
Name:	BLAUM, GERALD F., JR, .	
Address:	850 PARK RD	
City-St-Zip:	WYOMISSING, PA	
Title:	T	( ) Delete
Name:	SCHLEGEL, KATHY	
Address:	850 PARK RD	
City-St-Zip:	WYOMISSING, PA	
Title:	VP	( ) Delete
Name:	SAUL, DONALD E	
Address:	850 PARK RD	
City-St-Zip:	WYOMISSING, PA 196106011	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHY SCHLEGEL T 01/10/2006

Electronic Signature of Signing Officer or Director — Date