

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90002 024 \*\*\*150.00

**DOCUMENT # P28220**

1. Entity Name  
**ROLLINS TRANSPORTATION SYSTEMS, INC.**

Principal Place of Business

**2200 CONCORD PIKE  
 WILMINGTON DE 19803-2965**

Mailing Address

**2200 CONCORD PIKE  
 WILMINGTON DE 19803-2965**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**ROUTE 10 GREEN HILLS**

Suite, Apt. #, etc.

City & State

**READING, PA**

Zip

**19603**

Country

**USA**

4. FEI Number **51-0280983**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	<b>P</b> <b>MCCAUGHAN, JAMES W.</b> <b>2200 CONCORD PIKE</b> <b>WILMINGTON DE</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PEET, J. CARLISLE, III</b> <b>2200 CONCORD PIKE</b> <b>WILMONGTON DE</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARLISLE, PEET J</b> <b>2200 CONCORD PIKE</b> <b>WILMINGTON DE</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRIAN HARD, PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROUTE 10, GREEN HILLS</b> <b>READING, PA 19603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL A. DUFF, SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROUTE 10, GREEN HILLS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BRIAN HARD, DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ROUTE 10, GREEN HILLS</b> <b>READING, PA 19603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WAYNE S. ANGELBECK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.P. &amp; TREASURER</b> <b>ROUTE 10, GREEN HILLS</b> <b>READING, PA 19603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Wayne S. Angelbeck **WAYNE S. ANGELBECK** 4/27/01 (302) 426-2831  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)