

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30787 (6)

1. Corporation Name

GLOBE AIRPORT SECURITY SERVICES, INC.



Principal Place of Business

Mailing Address

800 W AIRPORT FREEWAY
STE 911
DALLAS TX 75062
US

% THE CORPORATION TRUST CO
200 S. MICHIGAN AVE.
CHICAGO IL 60604

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/21/1990

3a. Date of Last Report

04/11/1995

4. FEI Number

22-3059211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME HARPER, RONALD J
STREET ADDRESS 4121 OXLEY DR.
CITY-ST-ZIP PLANO TX

TITLE AS ☐ DELETE
NAME BLIGH, DIANA W.
STREET ADDRESS 200 S. MICHIGAN
CITY-ST-ZIP CHICAGO IL

TITLE V ☐ DELETE
NAME WOOD, TIMOTHY M
STREET ADDRESS 200 SO MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL

TITLE AT ☐ DELETE
NAME VELDMAN, SCOTT J
STREET ADDRESS 200 S MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE VD ☐ DELETE
NAME FARRELL, NEAL F
STREET ADDRESS 780 FIFTH AVE.
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE D ☐ DELETE
NAME O'BRIEN, JOHN D
STREET ADDRESS 200 S MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR ☒ Change ☐ Addition
5.2 NAME TRAUSSCH, DONALD C.
5.3 STREET ADDRESS 4 ARDEN COURT
5.4 CITY-ST-ZIP OAK BROOK, IL 60521

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)