

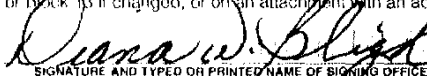


FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 10 1997 8:00am Secretary of State	
DOCUMENT # P30787 (6)					
1. Corporation Name GLOBE AIRPORT SECURITY SERVICES, INC.					
Principal Place of Business 800 W AIRPORT FREEWAY STE 911 DALLAS TX 75082 US		Mailing Address % THE CORPORATION TRUST CO 200 S. MICHIGAN AVE. CHICAGO IL 60604-2402		3. Date Incorporated or Qualified 08/21/1990	
2. Principal Place of Business		2a. Mailing Address		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 22-3059211	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE P <input type="checkbox"/> DELETE					
1.2 NAME HARPER, RONALD J					
1.3 STREET ADDRESS 4121 OXLEA DR.					
1.4 CITY-STATE-ZIP PLANO TE					
2.1 TITLE AS <input type="checkbox"/> DELETE					
2.2 NAME BLYTH, DIANA W.					
2.3 STREET ADDRESS 200 S. MICHIGAN					
2.4 CITY-STATE-ZIP CHICAGO IL					
3.1 TITLE V <input type="checkbox"/> DELETE					
3.2 NAME WOOD, TIMOTHY M					
3.3 STREET ADDRESS 200 SO MICHIGAN AVE					
3.4 CITY-STATE-ZIP CHICAGO IL					
4.1 TITLE AT <input checked="" type="checkbox"/> DELETE					
4.2 NAME VELDMAN, SCOTT J					
4.3 STREET ADDRESS 200 S MICHIGAN AVE.					
4.4 CITY-STATE-ZIP CHICAGO IL					
5.1 TITLE D <input checked="" type="checkbox"/> DELETE					
5.2 NAME TRAUSCHT, DONALD C.					
5.3 STREET ADDRESS 4 ARDEN COURT					
5.4 CITY-STATE-ZIP OAK BROOK IL					
6.1 TITLE D <input type="checkbox"/> DELETE					
6.2 NAME O'BRIEN, JOHN D					
6.3 STREET ADDRESS 200 S MICHIGAN AVE					
6.4 CITY-STATE-ZIP CHICAGO IL					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-STATE-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-STATE-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME TREASURER					
4.3 STREET ADDRESS COOPER, BRIAN S.					
4.4 CITY-STATE-ZIP 200 S. MICHIGAN AVE,					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-STATE-ZIP CHICAGO IL 60614					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-STATE-ZIP					
14. I do 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 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:  Diana W. Bligh 3/31/97 312-322-8500					

CR2E034 (9/96)