SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90009 025 ***550.00

592815 - 90009 - 25

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30787**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1990
4. FEI Number: 22-3059211 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	HARPER, RONALD J	1.2 NAME	ANDES, WILLIAM J
STREET ADDRESS	4121 OXLEA DR.	1.3 STREET ADDRESS	1791 PRINCETON CT.
CITY-ST-ZIP	PLANO TE	1.4 CITY-ST-ZIP	LAKE FOREST IL 60045
TITLE	AS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLIGH, DIANA W.	2.2 NAME	
STREET ADDRESS	200 S. MICHIGAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, TIMOTHY M	3.2 NAME	
STREET ADDRESS	200 SO MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, BRIAN S	4.2 NAME	
STREET ADDRESS	200 S MICHIGAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, JOHN D	5.2 NAME	
STREET ADDRESS	200 S MICHIGAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	S ☐ Change ☒ Addition
NAME		6.2 NAME	LACKEY, ROBERT E.T.
STREET ADDRESS		6.3 STREET ADDRESS	1907 BUCKINGHAM Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MUNDELEIN IL 60060

14. 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 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 DIANA W. BLIGH 7-14-99 312 322-8735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)