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 # **P38333** **(1)**

1. Corporation Name

BRAMBLES SECURITY SERVICES INC.

Principal Place of Business	Mailing Address
400 NORTH MICHIGAN AVENUE. SUITE 610 CHICAGO IL 60611	400 NORTH MICHIGAN AVENUE. SUITE 610 CHICAGO IL 60611

3. Date Incorporated or Qualified: **04/14/1992**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **06-1209648** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 Section 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, DAVID C.		12 NAME		
STREET ADDRESS	400 N. MICHIGAN AVE,#610		13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LILL, MATTHEW W.		22 NAME		
STREET ADDRESS	500 POST RD EAST		23 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT		24 CITY-ST-ZIP		
TITLE	TSV	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GUNDERSON, CHAD B.		32 NAME		
STREET ADDRESS	400 N. MICHIGAN AVE,#610		33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		34 CITY-ST-ZIP		
TITLE	D	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GUNDERSON, CHAD B.		42 NAME		
STREET ADDRESS	400 N. MICHIGAN AVE.#610		43 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	SECY., TREAS., DIRECTOR	☐ Change ☒ Addition
NAME			52 NAME	DAVID J. WEBSTER	
STREET ADDRESS			53 STREET ADDRESS	400 N. MICHIGAN AVENUE	
CITY-ST-ZIP			54 CITY-ST-ZIP	CHICAGO, IL 60611	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added above with an address.

SIGNATURE: David J. Webster 3/1/96 (312) 836-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID J. WEBSTER

Date Daytime Phone Number