2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P95000014518

Entity Name: SAFEGUARD SERVICES SOUTHEAST, INC.

Current Principal Place of Business:

350 STRATTON RD
WILLIAMSTOWN, MA 01267

New Principal Place of Business:

Current Mailing Address:

350 STRATTON RD
WILLIAMSTOWN, MA 01267

New Mailing Address:

FEI Number: 03-0346588 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: BRIGGS, JAMES R
Address: 350 STRATTON RD
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: DVS ( ) Delete
Name: BRIGGS, MARY L
Address: 350 STRATTON RD
City-St-Zip: WILLIAMSTOWN, MA 01267

Title: D ( ) Delete
Name: BRILL, DOROTHY ANN
Address: 48 TIMBER MILL ROAD
City-St-Zip: STANFORD, CT 06903

Title: D ( ) Delete
Name: ROFFEL, M. CAMERON
Address: CANTERBURY SCHOOL, 167 ASPATUCK AVENUE
City-St-Zip: NEW MILFORD, CT 06776

Title: D ( ) Delete
Name: COUCH, ELIZABETH Z
Address: 24280 COUNTY ROAD 67
City-St-Zip: WATERTOWN, NY 13601

Title: D ( ) Delete
Name: BRIGGS, JAMES P.
Address: 90 CANDLEWOOD DR.
City-St-Zip: WILLIAMSTOWN, MA 01267

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BRILL, DOROTHY ANN
Address: 180 DOGHWOOD LANE
City-St-Zip: STANFORD, CT 06903

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. BRIGGS PRES 02/03/2009

Electronic Signature of Signing Officer or Director — Date