

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90190 029 \*\*\*150.00

**DOCUMENT # P97000022640**

1. Entity Name

**CHECKPOINT SECURITY SYSTEMS GROUP INC.**

Principal Place of Business

Mailing Address

**6640 SHADY OAK RD.  
 SUITE 300  
 EDEN PRAIRIE MN 55344**

**ATTN: JERRY FREDERICK  
 6640 SHADY OAK RD., STE. 300  
 EDEN PRAIRIE MN 55344**

**620372**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-0907719**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, MICHAEL EDWARD</b>	
STREET ADDRESS	<b>411 ROCK CREEK CIRCLE</b>	
CITY-ST-ZIP	<b>BERWYN PA 19312</b>	
TITLE	<b>VPGM</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMPEAU, STEVE JOHN</b>	
STREET ADDRESS	<b>16200 TEMPLE WAY</b>	
CITY-ST-ZIP	<b>MTKA MN 55345</b>	
TITLE	<b>VPFS</b>	<input type="checkbox"/> Delete
NAME	<b>KHALIL, NICK JAY</b>	
STREET ADDRESS	<b>13531 CAMEL TRAIL</b>	
CITY-ST-ZIP	<b>EDEN PRAIRIE MN 55343</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-01**  
 Date

**952-943-3880**  
 Daytime Phone #

CR2E034 (10/00)