

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90024 023 ***150.00

DOCUMENT # P97000022640

1. Entity Name
CHECKPOINT SECURITY SYSTEMS GROUP INC.



Principal Place of Business
6640 SHADY OAK RD.
SUITE 300
EDEN PRAIRIE, MN 55344

Mailing Address
ATTN: ~~JEAN FREDERICK~~ JEANINE DAUM
6640 SHADY OAK RD., STE. 300
EDEN PRAIRIE, MN 55344

40010178



2. Principal Place of Business

3. Mailing Address

ATTN: JEANINE DAUM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6640 SHADY OAK RD STE 300

01192005

Chg-P

CR2E034 (10/03)

City & State

City & State

EDEN PRAIRIE MN

4. FEI Number

41-0907719

Applied For

Not Applicable

Zip

Country

Zip

55344

Country

MINNESOTA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPGM
CHAMPEAU, STEVE JOHN
16200 TEMPLE WAY
MTKA, MN 55345 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPFS
KHALIL, NICK JAY
13531 CAMEL TRAIL
EDEN PRAIRIE, MN 55343 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OFF, GEORGE
7 HORSESHOE LANE
PAOLI, PA 19301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven J. Champeau
V. P. / General Manager

1/19/05

800-887-9049

Date

Daytime Phone #