
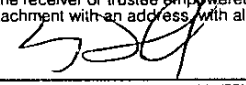


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90266 025 \*\*\*150.00

<b>DOCUMENT # 815965</b> 1. Entity Name <b>BRINK'S, INCORPORATED</b>					
Principal Place of Business <b>1801 BAYBERRY CT. PO BOX 18100 RICHMOND, VA 23226-8100 US</b>			Mailing Address <b>C/O THE PITTSO COMPANY 1801 BAYBERRY CT., P.O. BOX 18100 RICHMOND, VA 23226 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182005    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>36-2478302</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT MURTOUGH, G.K. 1801 BAYBERRY CT. PO BOX 18100 RICHMOND, VA 232268100</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT Richard K. Tangard 1801 Bayberry Ct. Richmond, VA 23226-8100</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO DAN, M. T. 1801 BAYBERRY CT/P.O. BOX 18100 RICHMOND, VA 23226</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HARTAUGH, JAMES B 1801 BAYBERRY CT. PO BOX 18100 RICHMOND, VA 232268100</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LANDRY, GARY 555 DIVIDEND DRIVE, SUITE 100 COPPELL, TX 75019</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VGCS FLANAGAN, MARI JO 1801 BAYBERRY CT. RICHMOND, VA 232268100</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS REED, A.F. K 1801 BAYBERRY CT./P.O. BOX 18100 RICHMOND, VA 23226</b>	<input type="checkbox"/> Delete			
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 empowered.					
<b>SIGNATURE:</b>  <b>Richard K. Tangard</b> Date <b>4-12-05</b> Daytime Phone # <b>(804) 289-9677</b>					