

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 815965 1. Entity Name BRINK'S, INCORPORATED						06 OCT 20 11:03:38	
Principal Place of Business 1801 BAYBERRY CT. PO BOX 18100 RICHMOND, VA 23226-8100 US				Mailing Address C/O THE BRINK'S CO. 1801 BAYBERRY CT. RICHMOND, VA 23226 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 36-2478302				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO <input type="checkbox"/> Delete DAN, M. T. 1801 BAYBERRY CT/P.O. BOX 18100 RICHMOND, VA 23226			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete HARTAUGH, JAMES B 1801 BAYBERRY CT. PO BOX 18100 RICHMOND, VA 232268100			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081252201 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/26/06--01033--002 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FRANK, LENNON T 1801 BAYBERRY CT. RICHMOND, VA 232268100			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Bayberry Ct.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete REED, A.F. K 1801 BAYBERRY CT./P.O. BOX 18100 RICHMOND, VA 23226			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert T. Ritter 1801 Bayberry Ct. Richmond, VA 23226		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Gary Landry 1801 Bayberry Ct. Richmond, VA 23226		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.							
SIGNATURE:				Robert T. Ritter			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> 804-289-9600 <small>Daytime Phone #</small>			