

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837959

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** PROTECTION SERVICES INC.

**Current Principal Place of Business:**

635 LUCKNOW ROAD  
HARRISBURG, PA 17110

**New Principal Place of Business:**

**Current Mailing Address:**

635 LUCKNOW ROAD  
HARRISBURG, PA 17110

**New Mailing Address:**

**FEI Number:** 23-2001976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: VANBUREN, JAMES W  
Address: 635 LUCKNOW RD  
City-St-Zip: HARRISBURG, PA 17110

Title: T  
Name: DETWELER III, PAUL J  
Address: 635 LUCKNOW RD  
City-St-Zip: HARRISBURG, PA 17110

Title: P  
Name: DANKO, DOUGLAS B  
Address: 635 LUCKNOW RD  
City-St-Zip: HARRISBURG, PA 17110

Title: ASC  
Name: MACHAMER, SHELLEY  
Address: 635 LUCKNOW RD  
City-St-Zip: HARRISBURG, PA 17110

Title: VP  
Name: DETWILER JR, PAUL I  
Address: 635 LUCKNOW ROAD  
City-St-Zip: HARRISBURG, PA 17110

I hereby 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 all other like empowered.

SIGNATURE: SHELLEY MACHAMER

ASC

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date