

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-17-2000 90941 016 ***150.00

DOCUMENT # 837959
 1. Entity Name
PROTECTION SERVICES INC.

Principal Place of Business Mailing Address
635 LUCKNOW ROAD **635 LUCKNOW ROAD**
HARRISBURG PA 17110 **HARRISBURG PA 17110-1635**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

23-2001976 Not Applicable

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

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

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 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 AS Delete
 NAME MINORI, THOMAS M.
 STREET ADDRESS 635 LUCKWOOD RD
 CITY-ST-ZIP HARRISBURG PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME DUNMIRE, C C JR
 STREET ADDRESS 635 LUCKNOW RD
 CITY-ST-ZIP HARRISBURG PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME DUNMIRE, CC-J
 STREET ADDRESS 635 LUCKNOW RD
 CITY-ST-ZIP HARRISBURG PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME FRANZ, RICHARD N
 STREET ADDRESS 635 LUCKNOW RD
 CITY-ST-ZIP HARRISBURG PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S Delete
 NAME DANKO, DOUGLAS B
 STREET ADDRESS 635 LUCKNOW RD
 CITY-ST-ZIP HARRISBURG PA

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete

TITLE Change Addition

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]* Date: 6/16/00 Daytime Phone #

CR2E034 (9/99)