

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90391 019 ***150.00

DOCUMENT # 837959

1. Entity Name

PROTECTION SERVICES INC.

Principal Place of Business

635 LUCKNOW ROAD
 HARRISBURG PA 17110

Mailing Address

635 LUCKNOW ROAD
 HARRISBURG PA 17110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2001976**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 NAME	AG MINORI, THOMAS M.	<input type="checkbox"/> Delete
STREET ADDRESS	635 LUCKWOOD RD	
CITY-ST-ZIP	HARRISBURG PA	
TITLE NAME	PD DUNMIRE, C C JR	<input type="checkbox"/> Delete
STREET ADDRESS	635 LUCKNOW RD	
CITY-ST-ZIP	HARRISBURG PA	
TITLE NAME	T DUNMIRE, CC J	<input type="checkbox"/> Delete
STREET ADDRESS	635 LUCKNOW RD	
CITY-ST-ZIP	HARRISBURG PA	
TITLE NAME	V FRANZ, RICHARD N	<input type="checkbox"/> Delete
STREET ADDRESS	635 LUCKNOW RD	
CITY-ST-ZIP	HARRISBURG PA	
TITLE NAME	S DANKO, DOUGLAS B	<input type="checkbox"/> Delete
STREET ADDRESS	635 LUCKNOW RD	
CITY-ST-ZIP	HARRISBURG PA	
TITLE NAME	Asst. Secretary Kathleen S. O'Hare	<input type="checkbox"/> Delete
STREET ADDRESS	635 Lucknow Rd.	
CITY-ST-ZIP	Harrisburg, PA 17110	

TITLE NAME	Secretary / Comptroller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Chairman / CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Kathleen S. O'Hare Kathleen S. O'Hare 3/23/01 717-236-9307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)