

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90319 013 \*\*\*150.00

**DOCUMENT # F95000003050**

1. Entity Name  
**AMERICAN COMMERCIAL SECURITY SERVICES, INC.**

Principal Place of Business <b>500 HOWARD ST          4TH FLOOR          SAN FRANCISCO CA 94105          US</b>	Mailing Address <b>75 BROADWAY          STE 111          SAN FRANCISCO CA 94111          US</b>
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2. Principal Place of Business  
**420 Taylor Street**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 261**

Suite, Apt. #, etc.

City & State  
**San Francisco, CA**

City & State

4. FEI Number  
**94-2964150**

Applied For  
 Not Applicable

Zip  
**94102**

Country  
**USA**

Zip Country

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

**C T CORPORATION SYSTEM  
 1200 SOUTH 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) 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, 2002 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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOORE, JOHN</b> <b>75 BROADWAY STE 111</b> <b>SAN FRANCISCO CA 94111</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOS</b> <b>HEBBLE, DAVE</b> <b>75 BROADWAY STE 111</b> <b>SAN FRANCISCO CA 94111</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BOWLUS, DOUGLAS</b> <b>75 BROADWAY STE 111</b> <b>SAN FRANCISCO CA 94111</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KAHN, HARRY H</b> <b>75 BROADWAY STE 111</b> <b>SAN FRANCISCO CA 94111</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/Treasurer</b> <b>Sundby, George</b> <b>75 Broadway, Ste 111</b> <b>San Francisco, CA 94111</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/Treasurer</b> <b>Sundby, George</b> <b>75 Broadway, Ste 111</b> <b>San Francisco, CA 94111</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>O'Hara, Lorraine</b> <b>75 Broadway, Ste 111</b> <b>San Francisco CA 94111</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**Lorraine P. O'Hara**

SIGNATURE: *Lorraine P. O'Hara* **ASSISTANT SECRETARY**

Date: **4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CP2E034 (9/01)