


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000001567	
1. Entity Name STANLEY SECURITY SOLUTIONS, INC.	

Principal Place of Business 6161 E. 75TH STREET INDIANAPOLIS, IN 46250	Mailing Address 6161 E. 75TH STREET INDIANAPOLIS, IN 46250
--	--

DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-1842918	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  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

DO NOT WRITE  
IN THIS SPACE

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</small>	(NOTE: Registered Agent signature required when re-registering)	DATE _____
--	---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSWELL, JUSTIN C 6161 E. 75TH STREET INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEATT, BRUCE H 1000 STANLEY DRIVE NEW BRITAIN, CT 06053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEAN, KARA J 6161 E. 75TH STREET INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EPPEL, CHRISTOPHER J 6161 E. 75TH STREET INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUTZLER, SCOTT G 6161 E. 75TH STREET INDIANAPOLIS, IN 46250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLAN, DONALD 1000 STANLEY DRIVE NEW BRITAIN, CT 06053

DO NOT WRITE  
IN THIS SPACE

000000366795  
05/18/05-800006-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Kara J Dean</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Kara J Dean</u> Date	<u>4/15/05 (317)806-3719</u> Daytime Phone #
---	----------------------------	---