



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 153058		2. Name of Corporation HSM ELECTRONIC PROTECTION SERVICES, INC.			
3. Street Address Principal Business Office 2441 WARRENVILLE ROAD #600		City LISLE	State IL	Zip 60532	
4. Business Phone No. 877-476-4968		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LANCE ANTHONY BYERLY			Vice President Name BRIAN KANER		
Street Address 828 ALAMOSA COURT			Street Address 7276 BERKELEY SQUARE		
City MARIETTA	State IL	Zip 60565	City NEW ALBANY	State OH	Zip 46054
Secretary Name BRUCE H. BEATT			Treasurer Name CEAIG ARGYLE DOUGLAS		
Street Address 10 LEDYARD ROAD			Street Address 11 SUMMERBROOK LANE		
City WEST HARTFORD	State CT	Zip 06117	City CROMWELL	State CT	Zip 06476
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name D. BRETT BOUTRAGER			Director Name CEAIG ARGYLE DOUGLAS		
Street Address 10022 SPRINGSTONE ROAD			Street Address 11 SUMMERBROOK LANE		
City MC CORDSVILLE	State IN	Zip 46055	City CROMWELL	State CT	Zip 06476
Director Name BRUCE H. BEATT			Director Name NONE		
Street Address 10 LEDYARD ROAD			Street Address		
City WEST HARTFORD	State CT	Zip 06117	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common Shares	\$0.01 PER SHARE	100	Common Shares	\$0.01 PER SHARE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date **FEB 11 2008**

Check No. **By 37482**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature **MARY E. BROWN** Date **1/15/08**

Print or Type Name  
**MARY E. BROWN**

Title **LICENSING MGR/DIRECTOR OF OPERATIONS**