STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 96233

2. Name of Corporation: Storm Security, Ltd.

3. Street Address Principal Business Office: P.O. Box 947 — *City*: London — *State*: Ky — *Zip*: 40743

4. Business Phone No.: 606-878-6540

5. State of Incorporation: KENTUCKY

6. SIC Code: 7914

7. Brief Description of the Character of Business Conducted in Rhode Island: Provide Security Guard Services to Commercial Concerns

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Phil Storm
Street Address: 1223 S Main St.
City: London — *State*: Ky — *Zip*: 40741

Vice President Name: Jim Storm
Street Address: 1223 S. Main St
City: London — *State*: Ky — *Zip*: 40741

Secretary Name: Gail Storm
Street Address: 1223 S. Main St
City: London — *State*: Ky — *Zip*: 40741

Treasurer Name: Gail Storm
Street Address: 1223 S. Main St.
City: London — *State*: Ky — *Zip*: 40741

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Phil Storm
Street Address: 1223 S. Main St.
City: London — *State*: Ky — *Zip*: 40741

Director Name: Rick Storm
Street Address: 1223 S. Main St.
City: London — *State*: Ky — *Zip*: 40741

Director Name: Gail Storm
Street Address: 1223 S. Main St.
City: London — *State*: Ky — *Zip*: 40741

Director Name: Jim Storm
Street Address: 1223 S. Main St.
City: London — *State*: Ky — *Zip*: 40741

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 COMM	NO PAR	VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
ZERO (0)		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 9 6 2 3 3 *

File Date: 3-17-03

Check No.: 15008

By: JL

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 of Officer: R. D. Storm Vice President — *Date*: 3/13/03

Print or Type Name of Officer: R. D. Storm

Title of Officer: VICE PRESIDENT

Form 630 12/02