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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96233

2. Name of Corporation Storm Security, Ltd.

3. Street Address Principal Business Office P.O. Box 927 | *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

96233

File Date: 3-1-01

Check No.: 14927

By: UP

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.

James A Storm UP 2/26/01
Signature of Officer *Date*

Jim Storm
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/00