



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(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

Secretary Name

Gail 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

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

Jim 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

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:

2/14/00

Check No.:

13146

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.

X Gail Storm, Sec. Treas 2/11/00
Signature of Officer Date

Print or Type Name of Officer

Secretary - Treasurer
Title of Officer