



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence RI 02903-1335
401 222 3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 100727		2. Name of Corporation Norment Security Group, Inc.			
3. Street Address Principal Business Office 3224 Mobile Hwy			City Montgomery	State AL	Zip 36108
4. Business Phone No 334-682-6446		5. State of Incorporation DELAWARE		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL AND SUBCONTRACT CONSTRUCTION ACTIVITIES RELATED TO BUILDING CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Maurice Boukheif			Vice President Name Stanley W. Sasser		
Street Address 3224 Mobile Hwy			Street Address 3224 Mobile Hwy		
City Montgomery	State AL	Zip 36108	City Montgomery	State AL	Zip 36108
Secretary Name William C. Boek			Treasurer Name Geoffrey D. Giddeberg		
Street Address 2530 Bue Rd, Suite 201			Street Address 2530 Bue Rd, Suite 201		
City Annapolis	State MD	Zip 21401	City Annapolis	State MD	Zip 21401
9. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Marta A. Bouck			Director Name		
Street Address 2530 Bue Rd, Suite 201			Street Address		
City Annapolis	State MD	Zip 21401	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED: (X BOX FOR ATTACHMENT) AUTHORIZED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000	COMM	\$0.01	1,000	Common	.01

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



100727

File Date: 1-7-2006
Check No: 201435
By: [Signature]
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] Date: 02/28/06

Stanley W. Sasser
Vice Pres Finance / Asst Secretary

Vice Pres Finance / Asst Secretary
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1355
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporation ID No. 100727		2. Name of Corporation Norment Security Group, Inc.		
3. Street Address (omit P.O. Box) 3224 mobile Hwy		City Montgomery	State AL	Zip 36108
4. Telephone Number 334-286-6446		5. State of Incorporation DELAWARE		6. SIC Code 7880
7. Type of Business (check one) <input checked="" type="checkbox"/> GENERAL AND SUBCONTRACT CONSTRUCTION ACTIVITIES RELATED TO BUILDING CONSTRUCTION.				
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jon R. Lucynski		Vice President Name Genl/Asst Sec Stanley W. Sasser		
Street Address 3224 mobile Hwy		Street Address 3224 mobile Hwy		
City Montgomery	State AL	Zip 36108	City Montgomery	State AL
Secretary Name William C. Beck	Treasurer Name Geoffrey F. Feidelberg			
Street Address 7249 National Drive		Street Address 7249 National Drive		
City Hanover	State MO	Zip 21076	City Hanover	State MO
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Martin A Boenick		Director Name Jon R Lucynski		
Street Address 7249 National Drive		Street Address 3224 mobile Hwy		
City Hanover	State MO	Zip 21076	City Montgomery	State AL
Director Name David Wachs	Director Name none			
Street Address 3224 mobile Hwy		Street Address		
City Montgomery	State AL	Zip 36108	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
1,000 COMM \$0.01 PAR VALUE		Number of Shares 1,000	Class Series Comm	Par Value .01
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				

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



* 1 0 0 7 2 7 *

File Date	4/22/04
Check No	178638
By	W.
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: Stanley W Sasser Date: 02/24/04
Print or Type Name of Officer: Stanley W Sasser
Title of Officer: VP Finance / Asst Sec.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORMS MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **100727** 2. Name of Corporation **Norment Security Group, Inc.**
3. Street Address (Principal Business Office) **3224 Mobile Hwy** City **Montgomery** State **AL** Zip **36108**
4. Business Phone No. **334-281-8440** 5. State of Incorporation **DELAWARE** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
Installation of Detention & Security Equipment

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

President Name Jon R Lucynski Street Address 3224 Mobile Hwy City, State, Zip Montgomery AL 36108	Vice President Name Stanley W. Sasser Street Address 3224 Mobile Hwy City, State, Zip Montgomery AL 36108
Secretary Name W.C. Rock Street Address 7249 National Drive City, State, Zip Hanover MD 21076	Treasurer Name Geoffrey F. Feidberg Street Address 7249 National Drive City, State, Zip Hanover MD 21076

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

Director Name Martin A Roenigh Street Address 7249 National Drive City, State, Zip Hanover MD 21076	Director Name Jon R Lucynski Street Address 3224 Mobile Hwy City, State, Zip Montgomery AL 36108
Director Name David Wachs Street Address 3224 Mobile Hwy City, State, Zip Montgomery AL 36108	

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

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM	\$0.01	1,000	Comm	10.00

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


* 1 0 0 7 2 7 *

File Date 4-17-03
Check No 158383
By [Signature]

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 the statements contained herein are true and correct.

[Signature] Date 4/23/03
Title or Type Name of Officer
Stanley W. Sasser
Title of Officer V.P. Financial Advisor

Form 650 1/2002

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: **10072** 2. Name of Corporation: **Norment Security Group, Inc.**
 3. Street Address Principal Business Office: **3224 mobile Hwy** City: **Montgomery** State: **AL** Zip: **36108**
 4. Business Phone No: **334-281-8440** 5. State's Incorporation: **DELAWARE** 6. SIC Code: **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island:
Installation of Detention & Security Equip

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

President Name Jon R. Lucynski Street Address 3224 Mobile Hwy City State Zip Montgomery AL 36108 Secretary Name Stanley W Sasser Street Address 3224 mobile Hwy City State Zip Montgomery AL 36108	Vice President Name Stanley W Sasser Street Address 3224 mobile Hwy City State Zip Montgomery AL 36108 Treasurer Name W.C. Rock Street Address 7249 National Dr City State Zip Hanover MD 21076
---	--

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

Director Name Martin A Roenigk Street Address 7249 National Dr City State Zip Hanover MD 21076 Director Name Jon R. Lucynski Street Address 3224 mobile Hwy City State Zip Montgomery AL 36108	Director Name Charles David Wachs Street Address 3224 mobile Hwy City State Zip Montgomery AL 36108
---	---

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

Number of Shares	Class/Series	Par Value
1,000	COMM	\$0.01 PAR VALUE

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

Number of Shares	Class/Series	Par Value
1000	Common	.01

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



File Date: 3/4/02
 Check No: 135236
 By: AS
 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: Stanley W Sasser Date: _____
 Title: Vice Pres/Secretary
 Title of Officer: _____
 Form 301 (2001)



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN BLACK

Norment Security Group, Inc.
3224 Mobile Highway
Montgomery, AL 36108

1. Corporate ID No. **100727** 2. Name of Corporation **Norment Security Group, Inc.**
3. Street Address Principal Business Office _____ City _____

4. Business Phone No. **334-281-8440** 5. State of Incorporation **DELAWARE** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island
INSTALL SECURITY IN JAILS & PRISONS

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

President Name **JON R. LUCYNSKI** Vice President Name _____
Street Address _____ Street Address _____
City State Zip **MONTGOMERY AL 36108** City State Zip _____

Secretary Name **STANLEY W. SASSER** Treasurer Name **William C Rock**
Street Address **3224 Mobile Hwy** Street Address **7249 NATIONAL DR**
City State Zip **MONTGOMERY AL 36108** City State Zip **HANOVER MD 21076**

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

Director Name **MARTIN A ROENIGK** Director Name **JON R. LUCYNSKI**
Street Address **7249 NATIONAL DR** Street Address **3224 MOBILE HWY**
City State Zip **HANOVER MD 21076** City State Zip **MONTGOMERY AL 36108**

Director Name **J. KEVIN ROBINSON** Street Address _____
Street Address **7249 NATIONAL DR** City State Zip _____
City State Zip **HANOVER MD 21076**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$0.01 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 Common .01

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



* 1 0 0 7 2 7 *

File Date **1/29**

Check No **1101410**

By **jc**

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 **[Signature]** Date _____
JON R. LUCYNSKI

Title of Officer **PRESIDENT**



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. **100727** 2. Name of Corporation **Norment ~~XXXXXXXXXXXXXXXXXXXX~~ SECURITY GROUP, INC.**
3. Street Address Principal Business Office **3224 MOBILE HIGHWAY** City **MONTGOMERY** State **ALABAMA** Zip **36108**
4. Business Phone No. **(334) 281-8440** 5. State of Incorporation **DELAWARE** 6. SIC Code **7880**
7. Brief Description of the Character of Business Conducted in Rhode Island
DETENTION & SECURITY SYSTEMS IN PRISONS

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

President Name JON R. LUCYNSKI Street Address 3224 MOBILE HIGHWAY City State Zip MONTGOMERY AL 36108	Vice President Name STANLEY W. SASSER Street Address 3224 MOBILE HIGHWAY City State Zip MONTGOMERY AL 36108
Secretary Name STANLEY W. SASSER Street Address 3224 MOBILE HIGHWAY City State Zip MONTGOMERY AL 36108	Treasurer Name WILLIAM C. ROCK Street Address 7249 NATIONAL DRIVE City State Zip HANOVER MD 21076

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

Director Name MARTIN A. ROENIGK Street Address 7249 NATIONAL DRIVE City State Zip HANOVER MD 21076	Director Name JON R. LUCYNSKI Street Address 3224 MOBILE HIGHWAY City State Zip MONTGOMERY AL 36108
Director Name J. KEVIN ROBISON Street Address 7249 NATIONAL DRIVE City State Zip HANOVER MD 21076	

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

Number of Shares	Class/Series	Par Value
1,000	COMM	\$0.01 PAR VAL

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

Number of Shares	Class/Series	Par Value
1,000	COMMON	\$.01

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



* 1 0 0 7 2 7 *

File Date 1/24/00

Check No. 19990

By GAB

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 [Signature] Date 1/16/00

Print or Type Name of Officer JON R. LUCYNSKI

Title of Officer PRESIDENT



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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

100727

Normant Industries, Inc.

3. Street Address (Principal Business Office)

3224 MOBILE HIGHWAY

City

MONTGOMERY

State

ALABAMA

Zip

36108

4. Business Phone No.

(334) 281-8440

5. State of Incorporation

DELAWARE

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

INSTALL DETENTION & SECURITY SYSTEMS IN PRISONS AND MUNICIPAL BUILDINGS

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

President Name

JON R. LUCYNSKI

Vice President Name

STANLEY W. SASSER

Street Address

3224 MOBILE HIGHWAY

Street Address

3224 MOBILE HIGHWAY

City

MONTGOMERY

State

AL

Zip

36108

City

MONTGOMERY

State

AL

Zip

36108

Secretary Name

STANLEY W. SASSER

Treasurer Name

WILLIAM C. ROLK

Street Address

3224 MOBILE HIGHWAY

Street Address

7255 STANDARD DRIVE

City

MONTGOMERY

State

AL

Zip

36108

City

HANOVER

State

MD

Zip

21076

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

Director Name

MARTIN A. ROENIGK

Director Name

JON R. LUCYNSKI

Street Address

120 UNION STREET

Street Address

3224 MOBILE HIGHWAY

City

WILLIMANTIC

State

CT

Zip

06226

City

MONTGOMERY

State

AL

Zip

36108

Director Name

J. KEVIN ROBISON

Director Name

(Empty)

Street Address

7255 STANDARD DRIVE

Street Address

(Empty)

City

HANOVER

State

MD

Zip

21076

City

(Empty)

State

(Empty)

Zip

(Empty)

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$0.01 PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

COMMON

\$.01

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



* 1 0 0 7 2 7 *

File Date

11/11/99

Check No.

556196

By

JR [Signature]

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

JON R. LUCYNSKI

Print or Type Name of Officer

PRESIDENT

Title of Officer