



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
401.222.3040

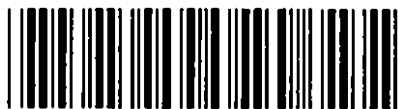
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 119257		2. Name of Corporation OMNIPLEX World Services Corporation			
3. Street Address Principal Business Office 14840 Conference Center Drive		City Chantilly	State VA	Zip 20151	
4. Business Phone No. 703-652-3100		5. State of Incorporation VIRGINIA			6. SIC Code 7914
7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE SECURITY GUARD SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Julien G. Patterson			Vice President Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Julien G. Patterson			Treasurer Name Julien G. Patterson		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Julien G. Patterson			Director Name		
Street Address Same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM NO PAR VALUE			4,200	Common	0

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



119257

File Date 6-2-08
Check No. 141106
By: PR

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

Date

Print or Type Name of Officer

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 02903-1335
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. Corporate ID No 119257		2. Name of Corporation OMNIPLEX World Services Corporation		
3. Street Address Principal Business Office 14840 Conference Center Drive		City Chantilly	State VA	Zip 20151
4. Business Phone No. 703-652-3100		5. State of Incorporation VIRGINIA		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE SECURITY GUARD SERVICES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Julien G. Patterson		Vice President Name		
Street Address 14840 Conference Center Drive		Street Address		
City Chantilly	State VA	Zip 20151	City	State
Secretary Name Julien G. Patterson		Treasurer Name		
Street Address Same as Above		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Julien G. Patterson		Director Name		
Street Address Same as Above		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
5,000 COMM NO PAR VALUE			4200	COMM
				NO Par

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



* 1 1 9 2 5 7 *

File Date	2.2.04
Check No.	136462
By:	ICP
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

Julien G. Patterson

Print or Type Name of Officer

President & CEO

Title of Officer

Date
01/29/04



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **119257** 2. Name of Corporation **OMNIPLEX World Services Corporation**
3. Street Address Principal Business Office **14840 Conference Center Drive** City **Chantilly** State **VA** Zip **20151**
4. Business Phone No. **703-652-3100** 5. State of Incorporation **VIRGINIA** 6. SIC Code

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

Private Security & Investigative Services

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

President Name Julien Gaylord Patterson	Vice President Name
Street Address 14840 Conference Center Drive	Street Address
City Chantilly State VA Zip 20151	City State Zip
Secretary Name Julien Gaylord Patterson	Treasurer Name Julien Gaylord Patterson
Street Address Same as Above	Street Address Same as Above
City Chantilly State VA Zip 20151	City State Zip

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

Director Name Julien Gaylord Patterson	Director Name
Street Address Same as Above	Street Address
City Chantilly State VA Zip 20151	City State Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
4200 No Par 0

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



* 1 1 9 2 5 7 *

4.4.03

File Date: 128609

Check No.: 100

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.

Julien G. Patterson Signature of Officer Date

Julien G. Patterson
Print or Type Name of Officer
President & CEO

Title of Officer



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 119257 2. Name of Corporation OMNIPLEX World Services Corporation
3. Street Address Principal Business Office 14840 Conference Center Drive City Chantilly State VA Zip 20151
4. Business Phone No. (703) 652-3100 5. State of Incorporation VIRGINIA 6. SIC Code 7914

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

Private Security Guard Services

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

President Name Julien G. Patterson Vice President Name
Street Address 2802 Pine Hollow Road Street Address
City Oakton State VA Zip 21124 City State Zip
Secretary Name Same as above Treasurer Name Same as above
Street Address Street Address
City State Zip City State Zip

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

Director Name Director Name
Street Address Street Address
City State Zip City State Zip
Director Name Director Name
Street Address Street Address
City State Zip City State Zip

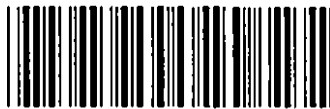
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
4200 COMM NO PAR

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



* 1 1 9 2 5 7 *

File Date: 2-19-02
121851
Check No.:
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 of Officer Date 1/24/02

Julien G. Patterson

Print or Type Name of Officer

President, Secretary, & Treasurer

Title of Officer

5

Form 630 12/01