

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

	Corporations Division 100 North Main Street
I	rovidence, RI 02903-1335 401-222-3040
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n inal I I Natemer	have examined this report, its, and that all statements
	2/24/05
M	Date Date
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1. Corporate ID No. 2. Name of Corporation **OMNIPLEX World Services Corporation** 119257 3. Street Address Principal Business Office City State 14840 Conference Cester Drive Chantibly VA 5. State of Incorporation 703-652-3100 **VIRGINIA** 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 US President Name <u>Julien G. Patterson</u> Street Address Street Address <u>Same as</u> above City State Secretary Name Treasurer Name Julien G. Patterson Julien G. Patte Street Address Street Address Same as above Same as above State Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE U Director Name <u>Julien G. Patterson</u> Since Address Street Address above Same as Zip State City Director Name Sinvi Address Street Address State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTA AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 5,000 COMM NO PAR VALUE 4,200 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasure

File Date a-Z-OF FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury. I declare and affirm tha	t I have examined this repon
including any accompanying schedules and vate	ments, and that all statement
contained herein/are true and correct.	2/24/05
for fett sund	and the colo
Signature of Officers	1 Date
June PATTUY.	Hayrour 1
Print or Type Name of Officer	
FROMIDENT +CEO	
Title of Officer	
	Form 630 Rev. 12/03



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

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

Matthew A. Brown, Secretary of State 401.222.3040

PROFIT CORPORATION A	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 Na	2. Name of Corporation				
119257	OMNIPLEX World Services Corporation				
3. Street Address Principal Business Of			City	State	Zip
14840 Confe	erence Cente	er Drive	Chantilly	V A	20151
4. Business Phone No.	•	5. State of Incorporation			6. SIC Code
703-652-31	00	VIRGINIA			
7. Brief Description of the Character of	Business Conducted in Rh				
PRIVATE SECURITY GUA	RD SERVICES				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) 🔝 FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Julien G.	Patterson				
Street Address			Street Address		
14840 Con:	ference Cent	er Drive	• • •		
City	State	Z.ip	City	State	7.ip
Chantilly	VA	20151			
Secretary Name			Treasurer Name		
Julien G.	Patterson				
Street Address			Street Address		
Same as Al	oove		• •		
City	State	Zip	City	State	Zip
			• • •		_
9. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT.	ACHMENT) FILL IN SPA	ACES BEFORE USING	TTACHMENTS
Director Name			Director Name		
Julien G.	Patterson		•		- -
Street Address		Street Address			
Same as Ab	ove		<u> </u>		
City	State	Zip	Cuy	State	Zip
	******************]			
Director Name			Director Name		
Street Address			Street Address		
				· · ·	
City	State	Zip	City	State	Z(p
		_	•		
·		11. SHARES ISSUED ("X"	BOX FOR ATTACHME	VT) [
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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5,000 COMM NO PAR VALUE		4200	COMM	NO Par	
			<u> </u>	1	<u> </u>
This report must be si	gned in ink by eithe	r the President, Vice Pr	esident, Secretary, Assistant Se	ecretary, Treasurer, Reco	civer or Trustee

	* 1 1 9 2 5 7 *	
File Date	7.204	
Check No.	100 100 10P	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm the including any accompanying schedules and state	
contained herein are true and correct.	4060
Signature of Office Julien G. Patterson	Date 01/29/04
Print or Type Name of Officer	·
President & CEO Tule of Officer	

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

Number of Shares

5,000 COMM NO PAR VALUE

119257

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _2003 Filling Period: January 1-March 1 • Filing Fee: \$50.00

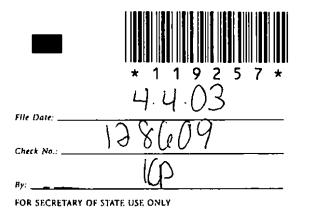
401-222-3040

OMNIPLEX World Services Corporation 3. Street Address Principal Business Office City State 14840 Conference Center Drive Chantilly 20151 VA 6. SIC Code 4. Business Phone No. 5. State of Incorporation 703-652-3100 VIRGINIA 7. Brief Description of the Character of Business Conducted in Rhode Island Private Security & Investigative Services **FILL IN SPACES BEFORE USING ATTACHMENTS** 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Julien Gaylord Patterson Street Address Street Address 14840 Conference Center Drive City State City Zip Chantilly 20151 V۵ Treasurer Name Secretary Name Julien Gaylord Patterson Julien Gaylord Patterson Street Address Street Address Same as Above Same as Above City 210 State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name **Director Name** Julien Gaylord Patterson Street Address Street Address Same as Above Zip City State Zip City Director Name Director Name Street Address Street Address City City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES**

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

Number of Shares

4200



Class/Series

Par Value

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.

Class/Series

No Par

liditive of Officer

<u>Julien G. Patterson</u> Print or Type Name of Officer

Title of Officer

President & CEO

Par Value

0

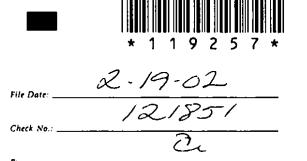
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 119257 **OMNIPLEX World Services Corporation** 3. Street Address Principal Business Office 14840 Conference Center Drive Chantilly 20151 6. SIC Code 4. Business Phone No. 5. State of Incorporation (703) 652-3100 7914 **VIRGINIA** 7. Brief Description of the Character of Business Conducted in Rhode Island Private Security Guard Services FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Julien G. Patterson Street Address Street Address 2802 Pine Hollow Road State City 21124 Oakton Treasurer Name Secretary Name Same as above Same as above Street Address Street Address City 210 City State State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip State Director Name Director Name Street Address Street Address State Zip City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 5,000 COMM NO PAR VALUE 4200 cenn NO PM

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including one accompanying schedules and statements, and that an statements contained herein are true and correct.

Signature y whiteer

Julien G. Patterson

Print or Type Name of Officer

Title of Officer

President, Secretary, & Treasurer

Form 630 12/01