

1.) CORPORATION NAME:

GUARDIAN PROTECTION SERVICES, INC.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1194994**

5.) STOCK INFORMATION

| | |
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| CLASS | AUTHORIZED |
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 174 THORN HILL RD

CITY/ST/ZIP: WARRENDALE, PA 15086

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| NAME: | JOSEPH M COLOSIMO | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 174 THORN HILL ROAD | | |
| CITY/ST/ZIP/CO: | WARRENDALE, PA 15086 | | |

| | | | |
|-----------------|---------------------|---|--|
| NAME: | BRYAN CIPOLETTI | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | ONE ARMSTRONG PLACE | | |
| CITY/ST/ZIP/CO: | BUTLER, PA 16001 | | |

| | | | |
|-----------------|-------------------|---|--|
| NAME: | KIRBY J. CAMPBELL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE CHAIRMAN | | |
| ADDRESS: | ONE ARMSTRONG PL. | | |
| CITY/ST/ZIP/CO: | BUTLER, PA 16001 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | RUSSELL L. CERSOSIMO | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | 174 THORN HILL RD | | |
| CITY/ST/ZIP/CO: | WARRENDALE, PA 15086 | | |

| | | | |
|-----------------|------------------|---|--|
| NAME: | DRU A SEDWICK | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | ONE ARMSTRONG PL | | |
| CITY/ST/ZIP/CO: | BUTLER, PA 16001 | | |

| | | | |
|-----------------|------------------|---|--|
| NAME: | JAY L. SEDWICK | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIR OF BOARD | | |
| ADDRESS: | ONE ARMSTRONG PL | | |
| CITY/ST/ZIP/CO: | BUTLER, PA 16001 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|--|----------------------------------|----------|
| /s/ DRU A SEDWICK | DRU A SEDWICK, SECRETARY | 5/6/2013 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |