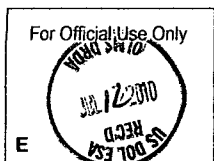


FORM LM-20 AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

432022

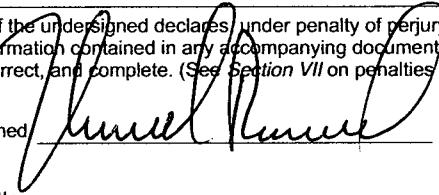
1. File Number: C-685

Person Filing	
2. Name and mailing address (include ZIP Code):	3. Any other address where records necessary to verify this report are kept:
Name	Name
Title	Title
Organization M. Rosado Consultants, LLC	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 5 Quail Court	Street
City Englewood	City
State New Hampshire New Jersey ZIP Code + 4 07631	State ZIP Code + 4
4. Date fiscal year ends: 8/16 2010	5. Type of person:
	a. Individual b. Partnership c. Corporation d. Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code):	7. Date entered into: 9 / 14 / 2009
Name	
Organization SEB Security	8. Name of person(s) through whom made:
Trade Name, if any	Name Robert Dinozzi
P.O. Box, Bldg., Room No., if any	Name
Street 8 Revolutionary Road	Name
City Ossining	Name
State New Mexico YORK ZIP Code + 4 10562	Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed 	President (If other title, see instructions)	14. Signed _____	Treasurer (If other title, see instructions)
Title _____		Title _____	
On 7/6/2010	201-655-9725	On _____	_____
Date	Telephone Number	Date	Telephone Number

Filer: M. Rosado Consultants, LLC	File Number C-
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9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.

b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal agreement to provide consultation and to give speeches to employees about exercising their right to organize and bargain collectively. Terms are \$187.50 per hour plus expenses.

Specific Activities to be Performed	
11. For each activity, separately list in detail the information required (See instructions):	
a. Nature of activity: To provide consultation and to give speeches to employees regarding their rights to organize and bargain collectively.	
11.b. Period during which performed: various days 9/14 thru 10/21/09	11.c. Extent performed: Fully performed
11.d. Name and address through whom performed:	Additional Name and address through whom performed, if any:
Name	Name
Organization LRI Consulting Services, Inc.	Organization
P.O. Box, Bldg., Room No., if any	P.O. Box, Bldg., Room No., if any
Street 7850 S Elm Place, Suite E	Street
City Broken Arrow	City
State Ohio ZIP Code + 4 74011	State ZIP Code + 4
12.a. Identify subject groups of employees: Armed and Unarmed Security Officers	12.b. Identify subject labor organizations: Allied International Union