


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90061 035 ***150.00

DOCUMENT # F00000001469		
1. Entity Name SPECON II, INC.		

Principal Place of Business ONE CONNELL DRIVE STE 4000 BERKELEY HEIGHTS, NJ 07922	Mailing Address ONE CONNELL DRIVE STE 4000 BERKELEY HEIGHTS, NJ 07922
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40024031

2. Principal Place of Business - No P.O. Box # <u>200 CONNELL DRIVE</u>	3. Mailing Address <u>200 CONNELL DRIVE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02202007 Chg-P CR2E034 (12/06)

City & State <u>BERKELEY HEIGHTS, NJ</u>	City & State <u>BERKELEY HEIGHTS, NJ</u>
Zip <u>07922</u>	Zip <u>07922</u>
Country <u>USA</u>	Country <u>USA</u>

4. FEI Number 22-3713891	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELL, GROVER ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELL, GROVER 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, SHANE ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, SHANE 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, DUANE ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONNELL, DUANE 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECKER, MARK ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DECKER, MARK 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, TED ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, TED 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, TERRY ONE CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, TERRY 200 CONNELL DRIVE BERKELEY HEIGHTS, NJ 07922 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>[Signature]</u>	Director	2-22-07	908-673-3778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #