2000 UNIFORM BUSINESS REPORT (UBR)					FILED				
DOCUMENT # F9900001459 1. Entity Name INPHOTO SURVEILLANCE, INC.					Sep 12, 2000 8:00 am Secretary of State 09-12-2000 90006 019 ***550.00				
Principal Plac	ROAD	Mailing Address 1250 E. DIEHL ROAD							
NAPERVILLE II	_ 60563	NAPERVILLE IL 60563				W0019T	83		
2. Principal P 536 Suite, Apt. # 130	#, etc.	3. Mailing Address 530 W. Lo Suite, Apt. #, etc.	ockpor	· }	DO NOT	WRITE IN THIS S	PACE		_
PI & State	ifield. IL	Pointield	ال	4.	FEI Number 36-31	88415		plied For t Applicable	
60541	Country	60544	Country		Certificate of Status Des	iner Li t	8.75 Add ee Required		
	6. Name and Address of Current F	egistered Agent	Name	7.	Name and Address of I	New Registered A	gent		1
CORPORATION SERVICE COMPANY1201=HAYS:STREET				Address (P.O. I	Box Number is Not Acce	ptable)			
	LAHASSEE FL 32301-2525								ĺ
		City			FL Zip Code				
				.00 i be \$750.00	10. Election Campai Trust Fund Contr			O May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12. /	A	DDITIONS/CHANGES TO				ے ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P : Kizorek, Timothy 1250 e. Diehl Road Naperville Il	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	530 V Plainf	v Lockport Reld 111	,#106 20544	Change Change	Addition	CR2E034 (5/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Cerrillos, Michelle 1250 E. Diehl Road Naperville Il	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	530 W	Lockport,		Change	Addition	Ö
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vs Gordon, Abram S -1250 E. Diehl Road Naperville Il	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Saint Dr eld, OH 45	5014	Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vas Perel, Sabrina 1250 e. Diehl Road Naperville Il	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900	3rd Ave, 741 York, Ny	√ EI	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vt Paciotti, nazzareno 1250 e. Diehl Road Naperville Il	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900	ord Ave, 74 York, Ny	h FI	☐ Change	Addition	
TITLE NAME STREET ADDRESS	D . Gordon, Abram S 1250 E. Diehl Road	☐ Delete	TITLE NAME STREET ADDRESS	1	eSaint D		□ Change	Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VISIOUS INTELLATING DISCONDING OFFICER OR DIRECTOR

950

815-354-0600 Daytime Phone #