2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002581

Address:

City-St-Zip:

305 MADISON AVE.

NEW YORK, NY

Entity Name: INTEGRATED SECURITY SERVICES, INC. OF N.Y.

FILED Jun 30, 2004 Secretary of State

Current Bringing Block of Business				New Principal Place of Puginess		
Current Principal Place of Business:				New Principal Place of Business:		
305 MADIS				05 MADISON AVE.		
NEW YOR	RK, NY 10165			942 EW YORK, NY 1016;	5	
				,		
Current Mailing Address:				New Mailing Address:		
305 MADISON AVE. NEW YORK, NY 10165				305 MADISON AVE. 1942		
FEI Number	: 13-4029788	FEI Number Applied For ()	FEI Numbe	er Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HERSH, N 62-63 NW MIAMI, FL	170TH TERRA	CE				
	named entity s e of Florida.	ubmits this statement for the	purpose of c	hanging its registered	office or registered agent, or both,	
SIGNATUI	RE:					
		c Signature of Registered Ag	ent		 Date	
Election Ca		Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	PCD ()	Delete	Tit	tle:	() Change () Addition	
Name:	SCHISSEL, ĠÁI		Na	ame:	3 ()	
Address:	305 MADISON A	VE.	Ac	ldress:		
City-St-Zip:	NEW YORK, NY		Ci	ty-St-Zip:		
Title:	VS ()	Delete	Tit	tle:	() Change () Addition	
Name:	SCHISSEL, ALA	N	Na	ame:		
Address:	305 MADISON A		Ac	ldress:		
City-St-Zip:	NEW YORK, NY		Ci	ty-St-Zip:		
Title:	T ()	Delete	Tit	tle:	() Change () Addition	
Name:	INGRAM, DOÙG	LAS J	Na	ame:	- * *	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GAIL SCHISSEL PRES 06/30/2004