

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-26-2007 90069 042 ***150.00

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



Principal Place of Business

305 MADISON AVE.
~~1942~~ 1563
NEW YORK, NY 10165

Mailing Address

305 MADISON AVE.
~~1942~~ 1563
NEW YORK, NY 10165

40041533



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4029788

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSH, MERYL
62-63 NW 170TH TERRACE
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Alan Schissel VS

3/20/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SCHISSEL, GAIL
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY
TITLE	VS
NAME	SCHISSEL, ALAN
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY
TITLE	T
NAME	INGRAM, DOUGLAS J
STREET ADDRESS	305 MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY
TITLE	Treasurer
NAME	Michele Walport
STREET ADDRESS	305 Madison Ave, NY NY
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Alan Schissel VS

3/20/07

212
8084153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #