


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90026 037 ***550.00

DOCUMENT # F03000004158	
1. Entity Name INTEGRATED ALARM SERVICES GROUP, INC.	

Principal Place of Business 99 PINE STREET - 3RD FLOOR ALBANY, NY 12207	Mailing Address 99 PINE STREET - 3RD FLOOR ALBANY, NY 12207
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50021964



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06192006 Chg-P CR2E034 (11/05)

4. FEI Number
42-1578199

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGINN, TIMOTHY			NAME	John Mabry		
STREET ADDRESS	99 PINE ST. 3RD FLOOR			STREET ADDRESS	99 Pine St. 3rd Floor		
CITY-ST-ZIP	ALBANY, NY 12207			CITY-ST-ZIP	Albany N.Y. 12207		
TITLE	VCP	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEW, THOMAS J			NAME	Charles T. May		
STREET ADDRESS	2210 LANDMARK PLACE			STREET ADDRESS	99 Pine St. 3rd Floor		
CITY-ST-ZIP	MANASQUAN, NJ 08736			CITY-ST-ZIP	Albany N.Y. 12207		
TITLE	EVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUADY, CURTIS			NAME			
STREET ADDRESS	1301 E. 79TH STREET			STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS, MN 55425			CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHEA, BRIAN			NAME			
STREET ADDRESS	99 PINE STREET - 3RD FLOOR			STREET ADDRESS			
CITY-ST-ZIP	ALBANY, NY 12207			CITY-ST-ZIP			
TITLE	COO	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEINTZ, ROBERT			NAME			
STREET ADDRESS	2201 LANDMARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	MANASQUAN, NJ 08736			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSCINSKI, MICHAEL			NAME			
STREET ADDRESS	99 PINE STREET - 3RD FLOOR			STREET ADDRESS			
CITY-ST-ZIP	ALBANY, NY 12207			CITY-ST-ZIP			

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: Brian E. Shea Brian E. Shea, EVP & Sec 6/20/09 518-426-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #