2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCHMENT # F04000002741

FILED Mar 14, 2006 8:00 am Secretary of State 03-14-2006 90027 006 ***150.00

MORIAH, ELAN SIREI ADDRESS CITY-ST-ZIP DURANGO, CO 81303 IIILE T NAME FLETCHER, KEVIN SIREI ADDRESS CITY-ST-ZIP DURANGO, CO 81303 IIILE S CITY-ST-ZIP IIILE S CITY-ST-ZIP IIILE S CITY-ST-ZIP DURANGO, CO 81303 IIILE NAME FANTE, PETER SIREI ADDRESS CITY-ST-ZIP DURANGO, CO 81303 IIILE NAME SIREI ADDRESS CITY-ST-ZIP CITY-ST-ZIP DURANGO, CO 81303 IIILE NAME SIREI ADDRESS CITY-ST-ZIP DURANGO, CO 81303 IIILE NAME SIREI ADDRESS CITY-ST-ZIP DURANGO, CO 81303 IIILE NAME SIREI ADDRESS CITY-ST-ZIP	Entity Name VERINT VIDEO SOLUTIONS INC.													
Sulfo, Apt. 4, etc. Sulfo, Ap	820 AIRPORT ROAD				820 AIRPORT ROAD		<u> </u>		40	030	822			
Suite, Apt. 4, etc. Applied FC City & State	2. Principal P	lace of Busine	ss	3. Mailing	g Address									
Signature Part Pa	Suite, Apt.	#, etc.						02222006	Cł	ng-P	CR2E	034 (11/05)		
See the control of Status Desired \$8.75 Additional \$8.75 Additiona	City & State	е		City &	City & State MECUILIE . NY			/					— 	·
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip /	747		try				s Desired		\$8.75 Add	litional
Street Address (P.O. Box Number is Not Acceptable) City		6. Name a	nd Address of Current	Registered	Agent				7. Name and	d Addres	s of New R	egistered	Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyand or pirriord name of registered agent and 15th if activation Indie Registered Agent and 15th in India Addition Indie Registered Agent and 15th in India Age	1200 SOU	TH PINE IS	LAND ROAD				Street Address (P.O. Box Number is Not Acceptable)							
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	COMMI	1011, 1 2 00	024				City						Zin Cod	
THE HOUSE STREET ADDRESS OF ST							City					FL	- 2ip Cou	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS				or the purpos	e of changing its	egister	ed office or	register	red agent, or bo	oth, in the	State of Flo	orida, I am	familiar with,	and accept
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MANE MORIAH, ELAN SIREI ADDRESS CITY-ST-2IP DURANGO, CO 81303 CITY-ST-2IP CONDESS CITY-ST-2IP DURANGO, CO 81303 CITY-ST-2IP CONDESS CI	SIGNATURE	Signature, lyped or	r printed name of registered agen	Land title if epplica	ation) elds	Registere	d Agent signat	ure required	d when reinstating)			DATE		
TILLE MAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET				- 1				\$5 . Add	.00 May Be led to Fees					
MANE SIREET ADDRESS CITY-ST-ZIP MORIAH, ELAN SIREET ADDRESS CITY-ST-ZIP MORIAHORESS CITY-ST-ZIP MORIAHORESS CITY-ST-ZIP MORIAHORESS CITY-ST-ZIP MELVILLE, WY 117 47 Change MANE SIREET ADDRESS CITY-ST-ZIP MELVILLE, WY 117 47 MELVILLE	10.		OFFICERS AND	DIRECTORS	3	11.			ADDITIONS	/CHANC	SES TO OFF	ICERS AN	D DIRECTOR	\$ IN 11
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NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS				☐ Delete	NAN SERI	ie Eet aodress						Change	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	NAME STREET ADDRESS CITY-ST-ZIP					NAN STR	1E EET ADDRESS 7-ST-ZIP							Addition

indicated on this report or supplemental reports 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 of trustee propoweres 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.

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SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #