

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000002783	
1. Entity Name DIEBOLD ENTERPRISE SECURITY SYSTEMS, INC.	
Principal Place of Business 155 LAFAYETTE AVENUE WHITE PLAINS, NY 10603	Mailing Address 5995 MAYFAIR ROAD P.O. BOX 3077 NORTH CANTON, OH 44720



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0209740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 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 \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REITANO, STEPHEN V 155 LAFAYETTE AVENUE WHITE PLAINS, NY 10603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORIARTY, DENNIS W 5995 MAYFAIR ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DETINGER, WARREN W 5995 MAYFAIR ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN, ROBERT J 5995 MAYFAIR ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000813858
02/13/08-80021-017 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Scott Hunter
M. Scott Hunter

Date

1/16/08

Daytime Phone #

330
490-10901