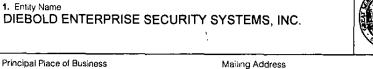
2008 FOR PROFIT CORPORATION

ANNUAL REPORT-DOCUMENT # F05000002783 DIEBOLD ENTERPRISE SECURITY SYSTEMS, INC.

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



5995 MAYFAIR ROAD P.O. BOX 3077 NORTH CANTON, OH 44720



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01172008 No Chg-P

4. FEI Number 90-0209740

Applied For Not Applicable

5. Certificate of Status Desired

preport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

\$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

of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE: 2

155 LAFAYETTE AVENUE

WHITE PLAINS, NY 10603

DO NOT WRITE IN THIS SPACE

					· · · · · · · · · · · · · · · · · · ·
8. The above the obliga	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registe	ered office or r	egistered agent, or b	poth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	al applicable (NOTE, Registe	red Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS		• •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REITANO, STEPHEN V 155 LAFAYETTE AVENUE WHITE PLAINS, NY 10603		·	· · · · · · · · · · · · · · · · · · ·	U00000813859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORIARTY, DENNIS W 5995 MAYFAIR ROAD NORTH CANTON, OH 44720				. 02/13/08-80021-017 150.00
NAME STREET ADDRESS CITY-ST-ZIP	SD DETTINGER, WARREN W 5995 MAYFAIR ROAD NORTH CANTON, OH 44720		ايد دو وس ^ي ر	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN, ROBERT J 5995 MAYFAIR ROAD NORTH CANTON, OH 44720			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 inclinated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director.					