2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F06000004741

1. Entity Name
DIEBOLD ACTCOM SECURITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
5995 MAYFAIR ROAD NORTH CANTON, OH 44720	PO BOX 3077 NORTH CANTON, OH 44720

DO NOT WRITE IN THIS SPACE

04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1968310
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

000000705841
04/24/07-80008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STROIA, V. JOHN
STREET ADDRESS	5995 MAYFAIR ROAD
CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	DVP
NAME	MORIARTY, DENNIS M
STREET ADDRESS	5995 MAYFAIR ROAD
CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	DVPT
NAME	WARREN, ROBERT J
STREET ADDRESS	5995 MAYFAIR ROAD
CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	DVPS
NAME	DETTINGER, WARREN W
STREET ADDRESS	5995 MAYFAIR ROAD
CITY-ST-ZIP	NORTH CANTON, OH 44720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert J Warren VICE PRESIDENT & TREASURER Robert J. Warren 4/3/07 330-490-6907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #