


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F06000004741 1. Entity Name DIEBOLD ACTCOM SECURITY SYSTEMS, INC.	
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Principal Place of Business 5995 MAYFAIR ROAD NORTH CANTON, OH 44720	Mailing Address PO BOX 3077 NORTH CANTON, OH 44720
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01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1968310	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

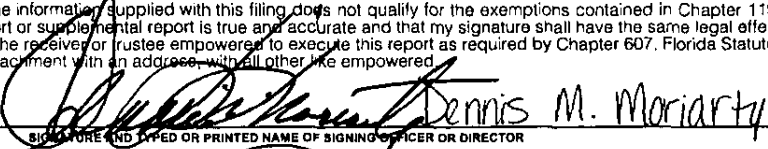
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROIA, V. JOHN 5995 MAYFAIR ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORIARTY, DENNIS M 5995 MAYFAIR ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT WARREN, ROBERT J 5995 MAYFAIR ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DETINGER, WARREN W 5995 MAYFAIR ROAD NORTH CANTON, OH 44720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1000000813868
02/13/08-60021-020 150.00

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:  **Dennis M. Moriarty** 1/15/08 330 490-6907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #