

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001227

FILED
Apr 21, 2009
Secretary of State

Entity Name: LUMENSION SECURITY, INC.

Current Principal Place of Business:

2290 W EAU GALLIE BLVD
#212
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

2290 W EAU GALLIE BLVD
#212
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 86-0690961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CLAWSON, PAT
Address: 15880 N GREENWAY HAYDEN LOOP, SUITE 100
City-St-Zip: SCOTTSDALE, AZ 85260

Title: P () Delete
Name: WITTIG, MIKE
Address: 15880 N GREENWAY HAYDEN LOOP, SUITE 100
City-St-Zip: SCOTTSDALE, AZ 85260

Title: VP () Delete
Name: LYTIKAINED, CARL
Address: 15880 N GREENWAY HAYDEN LOOP, SUITE 100
City-St-Zip: SCOTTSDALE, AZ 85260

Title: S () Delete
Name: PISARUK, GEORGE
Address: 15880 N GREENWAY HAYDEN LOOP, SUITE 100
City-St-Zip: SCOTTSDALE, AZ 85260

Title: S () Delete
Name: SHANNON, COLLEEN
Address: 15880 N GREENWAY HAYDEN LOOP, SUITE 100
City-St-Zip: SCOTTSDALE, AZ 85260

Title: D () Delete
Name: O'DRISCOLL, RORY
Address: 950 TOWER LANE, SUITE 700
City-St-Zip: FOSTER CITY, CA 94404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PICKERING, DEANNA
Address: 15880 N GREENWAY HAYDEN LOOP, SUITE 100
City-St-Zip: SCOTTSDALE, AZ 85260

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ROSSI

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date