2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# F08000001227

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

OFFICERS AND DIRECTORS:

Title: C
Name: CLAWSON, PAT
Address: 8660 E. HARTFORD DRIVE, SUITE 300
City-St-Zip: SCOTTSDALE, AZ 85255

Title: P
Name: WITTIG, MIKE
Address: 8660 E. HARTFORD DRIVE, SUITE 300
City-St-Zip: SCOTTSDALE, AZ 85255

Title: S
Name: PICKERING, DEANNA
Address: 8660 E. HARTFORD DRIVE, SUITE 300
City-St-Zip: SCOTTSDALE, AZ 85255

Title: S
Name: SHANNON, COLLEEN
Address: 8660 E. HARTFORD DRIVE, SUITE 300
City-St-Zip: SCOTTSDALE, AZ 85255

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

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN SHANNON CFO 01/10/2011

Electronic Signature of Signing Officer or Director — Date