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Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90012 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005782

1. Corporation Name
VICON FLORIDA CORP.

Principal Place of Business
GEN. JAMES REED HIGHWAY
P.O. BOX 600
FITZWILLIAM NH 03447

Mailing Address
GEN. JAMES REED HIGHWAY
P.O. BOX 600
FITZWILLIAM NH 03447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

02-0318363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

DAMON, CONRAD ESQUIRE
COONEY, WARD, LESHER & DAMON, P.A.
1555 PALM BEACH LAKES BLVD SUITE 1000
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME NORBY, STEVEN A
STREET ADDRESS MIDDLE WINCHENDON ROAD - 119
CITY-ST-ZIP RINDGE NH 03461

TITLE V
NAME SEPPALA, ROBERT
STREET ADDRESS 2 NORTH STREET
CITY-ST-ZIP RINDGE NH 03461

TITLE S
NAME NORBY, MARK L
STREET ADDRESS 2 DRAGG HILL ROAD (PO BOX 535)
CITY-ST-ZIP RINDGE NH 03461

TITLE TD
NAME NORBY, DAVID J
STREET ADDRESS 97 THOMAS ROAD
CITY-ST-ZIP RINDGE NH 03461

TITLE C
NAME CHURCHILL, GLYNDA L
STREET ADDRESS UPPER TROY RD.
CITY-ST-ZIP FITZWILLIA NH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glynda L. Churchill, Corp. Clerk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/1999

(603) 585-6577

CR2E034 (1/98)