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Secretary of State

03-03-1999 90057 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F96000005957

1. Corporation Name

WESTEC INTERACTIVE SECURITY, INC.

Principal Place of Business

**100 BAYVIEW CIRCLE, SUITE 1000
NEWPORT BEACH CA 92660**

Mailing Address

**100 BAYVIEW CIRCLE, SUITE 1000
NEWPORT BEACH CA 92660**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1996

4. FEI Number

33-0717396

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

2. Principal Place of Business

21 100 BAYVIEW CIRCLE

Suite, Apt. #, etc.

22 SUITE 1200

City & State

23 NEWPORT BEACH, CA

Zip

24 92660

Country

25 USA

2a. Mailing Address

26 100 BAYVIEW CIRCLE

Suite, Apt. #, etc.

27 SUITE 1200

City & State

28 NEWPORT BEACH, CA

Zip

29 92660

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **C** ☐ DELETE
NAME **KAYE, MICHAEL S**
STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1000**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **D** ☐ DELETE
NAME **THACHER, BRUCE J**
STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1000**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **CEO** ☐ DELETE
NAME **KAYE, MICHAEL S**
STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1000**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **CFOT** ☐ DELETE
NAME **SHEPHERD, JAY F**
STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1000**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **GM** ☐ DELETE
NAME **UPP, MICHAEL J**
STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1000**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

TITLE **P** ☐ DELETE
NAME **LAVOIE, DONALD E**
STREET ADDRESS **100 BAYVIEW CIRCLE, STE 1000**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C/CEO/D** ☒ Change ☐ Addition
1.2 NAME **KAYE, MICHAEL S.**
1.3 STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1200**
1.4 CITY-ST-ZIP **NEWPORT BEACH, CA 92660**

2.1 TITLE **CFO/D** ☒ Change ☐ Addition
2.2 NAME **THACHER, BRUCE J.**
2.3 STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1200**
2.4 CITY-ST-ZIP **NEWPORT BEACH, CA 92660**

3.1 TITLE **V** ☒ Change ☐ Addition
3.2 NAME **SHEPHERD, JAY F**
3.3 STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1200**
3.4 CITY-ST-ZIP **NEWPORT BEACH, CA 92660**

4.1 TITLE **GM** ☒ Change ☐ Addition
4.2 NAME **UPP, MICHAEL J.**
4.3 STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1200**
4.4 CITY-ST-ZIP **NEWPORT BEACH, CA 92660**

5.1 TITLE **P** ☒ Change ☐ Addition
5.2 NAME **LAVOIE, DONALD E.**
5.3 STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1200**
5.4 CITY-ST-ZIP **NEWPORT BEACH, CA 92660**

6.1 TITLE **S/T** ☐ Change ☒ Addition
6.2 NAME **SEASTROM, STEPHEN E.**
6.3 STREET ADDRESS **100 BAYVIEW CIRCLE, SUITE 1200**
6.4 CITY-ST-ZIP **NEWPORT BEACH, CA 92660**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)