

2000 UNIFORM BUSINESS REPORT (UBR)

0577730

DOCUMENT # F96000005957

1. Entity Name

WESTEC INTERACTIVE SECURITY, INC.

FILED

00 FEB 18 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 BAYVIEW CIRCLE SUITE 1200 NEWPORT BEACH CA 92660	Mailing Address 100 BAYVIEW CIRCLE SUITE 1200 NEWPORT BEACH CA 92660-8906
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 33-0717396	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

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KAYE, MICHAEL S 100 BAYVIEW CIRCLE, SUITE 1000 NEWPORT BEACH CA 92660 <input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THACHER, BRUCE J 100 BAYVIEW CIRCLE SUITE 1200 NEWPORT BEACH CA 92660 <input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPERD, JAY F 100 BAYVIEW CIRCLE STE 1200 NEWPORT BEACH CA 92660 <input checked="" type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPHERD, JAY F 100 BAYVIEW CIR STE 1200 NEWPORT BEACH CA 92660 <input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM UPP, MICHAEL J 100 BAYVIEW CIR SUTIE 1200 NEWPORT BEACH CA 92660 <input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVOIE, DONALD E 100 BAYVIEW CIR STE 1200 NEWPORT BEACH CA 92660 <input checked="" type="checkbox"/> De'te

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Kaye, Michael S. 100 Bayview Circle, Suite 1200 Newport Beach, CA 92660 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/P Thacher, Bruce J. 100 Bayview Circle. Suite 1200 Newport Beach, CA 92660 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003144182-5 -02/23/00--01029--010 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. C. Jacobs from 2-4-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)