Feb 19, 2001 8:00 am Secretary of State 2-19-2001 90265 023 ***150.00

FILED

1. Entity Name WESTEC INTERACTIVE SECURITY, INC. Mailing Address Principal Place of Business 100 BAYVIEW CIRCLE 100 BAYVIEW CIRCLE **SUITE 1200** SHITE 1200 Y0054110 NEWPORT BEACH CA 92660 NEWPORT BEACH CA 92660 2. Principal Place of Business 3. Mailing Address 16842 Von Karman Ave. 16842 Von Karman Ave. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc.
Suite 150 Suite 150 Applied For City & State 4. FEi Number 33-0717396 City & State Irvine, CA Not Applicable Irvine, CA \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 92606 Fee Required USA 92606 **USA** 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Chairman/Director CEO ☐ Addition TITI E ☐ Delete TITLE Michael S. Kaye 100 Bayview Circle, Suite 5000 KAYE, MICHAEL S NAME NAME 100 BAYVIEW CIRCLE, SUITE 1000 STREET ADDRESS STREET ADDRESS Newport Beach, CA 92660 **NEWPORT BEACH CA 92660** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition CFO Delete TITLE TITLE THACHER, BRUCE J NAME NAME 100 BAYVIEW CIRCLE SUITE 1200 STREET ADDRESS STREET ADDRESS **NEWPORT BEACH CA 92660** CITY-ST-ZIP CITY-ST-7IP CEO/President 🔀 Addition ☐ Change CEO TITLE X Delete TITLE Steven S. Willensky KAYE, MICHAEL S NAME NAME 100 BAYVIEW CIRCLE STE 1200 STREET ADDRESS 16842 Von Karman Ave. Suite 150 STREET ADDRESS CITY-ST-ZIP **NEWPORT BEACH CA 92660** Irvine, CA 92606 CITY-ST-ZIP Vice President/CFO/Director ☐ Delete TITLE SHEPHERD, JAY F NAME Jay F. Shepherd NAME STREET ADDRESS 100 BAYVIEW CIR STE 1200 STREET ADDRESS 00 Bayview Circle, Suite 5000 CITY-ST-ZIP CITY-ST-ZIP **NEWPORT BEACH CA 92660** Newport Beach, CA 92660 General Manager ☐ Addition GM Change TITLE Delete TITLE UPP, MICHAEL J NAME Michael J. Upp 100 BAYVIEW CIR SUTIE 1200 STREET ADDRESS STREET ADDRESS 16842 Von Karman Ave. Suite 150 CITY-ST-ZIP CITY-ST-ZIP **NEWPORT BEACH CA 92660** Irvine. CA 92606 Change X Addition **CFOP** X Delete TITLE Secretary/Treasuer THACHER, BRUCE J NAME Stephen E. Seastrom STREET ADDRESS 100 BAYVIEW CIR STE 1200 STREET ADDRESS 16842 Von Karman Ave. Suite 150

13. I hereby certify that the information supplied with this filling 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 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 tustee 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 10 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600005957

2-1-01 Date

DOCL	JMENT # F96000					
Principal Place of Business 100 BAYVIEW CIRCLE SUITE 1200 NEWPORT BEACH CA 92660		Mailing Address 100 BAYVIEW CIRCLE SUITE 1200 NEWPORT BEACH CA 92660		*Attachment* AW 24778		
Principal Place of Business 16842 Von Karman Ave. Suite, Apt. #, etc.		3. Mailing Address 16842 Von Karman Ave. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Suite 150 City & State		Suite 150 City & State		4. FEI Number 33-0717396	Applied For	
Irvine, CA		Irvine, CA		33-0/1/390	Not Applicable	
Zip 92 6	606 Country USA	^{Zip} 92606	Country _ USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	Registered Agent	Name	7. Name and Address of New Registere	d Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)		
			City	F	Zip Code	
Tax filing	Signature, typod in protest name of regelered agest foration is eligible to satisfy its Intangible requirement and elects to do so. aria on back)		!! FEE IS \$150 01 Fee will be \$	550.00 Fruit Fund Contribution	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAYE, MICHAEL S 100 BAYVIEW CIRCLE, SUITE 10 NEWPORT BEACH CA 92660	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/Director Michael S. Kaye 100 Bayview Circle, Suite 5 Newport Beach, CA 92660	Mage ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THACHER, BRUCE J 100 BAYVIEW CIRCLE SUITE 12 NEWPORT BEACH CA 92660	23 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KAYE, MICHAEL S 100 BAYVIEW CIRCLE STE 1200 NEWPORT BEACH CA 92660	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President Steven S. Willensky 16842 Von Karman Ave. Suite Irvine, CA 92606	□ Change	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHEPHERD, JAY F 100 BAYVIEW CIR STE 1200 NEWPORT BEACH CA 92660	☐ Qeiata	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/CFO/Director Jay F. Shepherd 100 Bayview Circle, Suite 50 Newport Beach, CA 92660		
IITLE	GM UPP, MICHAEL J	□ Delete	TITLE NAME	General Manager Michael J. Upp	Change Addition	
NAME Street address City-St-Zip	100 BAYVIEW CIR SUTIE 1200 NEWPORT BEACH CA 92660		STREET ADDRESS CITY-ST-ZIP	16842 Von Karman Ave. Suite Irvine, CA 92606	150	

indicated on inisreport of supplemental 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 under one provided 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 all address with all other like empowered.

GNATURE:

GNATURE:

SIGNATURE: \bot

2-1-01
Date Daytone Phone 9