

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90265 023 \*\*\*150.00

**DOCUMENT # F96000005957**

1. Entity Name

**WESTEC INTERACTIVE SECURITY, INC.**

Principal Place of Business

**100 BAYVIEW CIRCLE  
SUITE 1200  
NEWPORT BEACH CA 92660**

Mailing Address

**100 BAYVIEW CIRCLE  
SUITE 1200  
NEWPORT BEACH CA 92660**

2. Principal Place of Business

**16842 Von Karman Ave.**

3. Mailing Address

**16842 Von Karman Ave.**

Suite, Apt. #, etc.

**Suite 150**

Suite, Apt. #, etc.

**Suite 150**

City &amp; State

**Irvine, CA**

City &amp; State

**Irvine, CA**4. FEI Number **33-0717396**

Applied For

Not Applicable

Zip

**92606**

Country

**USA**

Zip

**92606**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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

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

(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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
CEO	KAYE, MICHAEL S	100 BAYVIEW CIRCLE, SUITE 1000	NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
Chairman/Director	Michael S. Kaye	100 Bayview Circle, Suite 5000	Newport Beach, CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CFO	THACHER, BRUCE J	100 BAYVIEW CIRCLE SUITE 1200	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/> Delete
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CEO	KAYE, MICHAEL S	100 BAYVIEW CIRCLE STE 1200	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/> Delete
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CFO/President	Steven S. Willensky	16842 Von Karman Ave. Suite 150	Irvine, CA 92606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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V	SHEPHERD, JAY F	100 BAYVIEW CIR STE 1200	NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
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Vice President/CFO/Director	Jay F. Shepherd	100 Bayview Circle, Suite 5000	Newport Beach, CA 92660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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GM	UPP, MICHAEL J	100 BAYVIEW CIR SUITE 1200	NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
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General Manager	Michael J. Upp	16842 Von Karman Ave. Suite 150	Irvine, CA 92606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CFOP	THACHER, BRUCE J	100 BAYVIEW CIR STE 1200	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/> Delete
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Secretary/Treasurer	Stephen E. Seastrom	16842 Von Karman Ave. Suite 150	Irvine, CA 92606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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.E. Seastrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-01

CR2E034 (10/00)

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Suite 150

Suite, Apt. #, etc.  
Suite 150

City & State

Irvine, CA

City & State

Irvine, CA

*\*Attachment\**  
*AO 24778*



DO NOT WRITE IN THIS SPACE

4. FEI Number **33-0717396**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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**\$5.00** May Be  
Added to Fees

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Chairman/Director** ☒ Change ☐ Addition  
**Michael S. Kaye**  
**100 Bayview Circle, Suite 5000**  
**Newport Beach, CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO**  
**THACHER, BRUCE J** ☒ Delete  
**100 BAYVIEW CIRCLE SUITE 1200**  
**NEWPORT BEACH CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CEO** ☒ Delete  
**KAYE, MICHAEL S**  
**100 BAYVIEW CIRCLE STE 1200**  
**NEWPORT BEACH CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CEO/President** ☐ Change ☒ Addition  
**Steven S. Willensky**  
**16842 Von Karman Ave. Suite 150**  
**Irvine, CA 92606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V** ☐ Delete  
**SHEPHERD, JAY F**  
**100 BAYVIEW CIR STE 1200**  
**NEWPORT BEACH CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President/CFO/Director** ☒ Change ☐ Addition  
**Jay F. Shepherd**  
**100 Bayview Circle, Suite 5000**  
**Newport Beach, CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**GM** ☐ Delete  
**UPP, MICHAEL J**  
**100 BAYVIEW CIR SUTIE 1200**  
**NEWPORT BEACH CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**General Manager** ☒ Change ☐ Addition  
**Michael J. Upp**  
**16842 Von Karman Ave. Suite 150**  
**Irvine, CA 92606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFOP** ☒ Delete  
**THACHER, BRUCE J**  
**100 BAYVIEW CIR STE 1200**  
**NEWPORT BEACH CA 92660**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary/Treasuer** ☐ Change ☒ Addition  
**Stephen E. Seastrom**  
**16842 Von Karman Ave. Suite 150**  
**Irvine, CA 92606**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-1-01*