

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90055 050 ***150.00

DOCUMENT # F96000005957

1. Entity Name
WESTEC INTERACTIVE SECURITY, INC.



Principal Place of Business
**16842 VON KARMAN AVE
SUITE 150
IRVINE, CA 92606**

Mailing Address
**16842 VON KARMAN AVE
SUITE 150
IRVINE, CA 92606**

44004251



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number
33-0717396

Applied For
Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAYE, MICHAEL S
100 BAYVIEW CIR., SUITE 5000
NEWPORT BEACH, CA 92660** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHEPHERD, JAY F
100 BAYVIEW CIR., SUITE 5000
NEWPORT BEACH, CA 92660** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GM
UPP, MICHAEL J
16842 VON KARMAN AVE STE 150
IRVINE, CA 92606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SEASTROM, STEPHEN E
16842 VON KARMAN AVE., STE 150
IRVINE, CA 92606** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
COOK, ROBERT A
16842 VON KARMAN AVE, SUITE 150
IRVINE, CA 92606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST Jean M. Marsh
100 Bayview Cir. #5000
Newport Beach, CA 92660** ☒ Change ☐ Addition

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

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

12. 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 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 10 or Block 11 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

Daytime Phone #