

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90135 004 \*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0717396**

☒ Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<del>CEO</del>	<del>KAYE, MICHAEL S</del>	<del>100 BAYVIEW CIRCLE, SUITE 1000</del>	<del>NEWPORT BEACH CA 92660</del>	<input checked="" type="checkbox"/>
PCEO	WILLENSKY, STEVEN	16842 VON KARMAN AVE STE 150	IRVINE CA 92606	<input checked="" type="checkbox"/>
D	SHEPHERD, JAY F	100 BAYVIEW CIR STE 1200	NEWPORT BEACH CA 92660	<input checked="" type="checkbox"/>
GM	UPP, MICHAEL J	16842 VON KARMAN AVE STE 150	IRVINE CA 92606	<input type="checkbox"/>
ST	SEASTROM, STEPHEN E	16842 VON KARMAN AVE., STE 150	IRVINE CA 92606	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
Director	STE 6000			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pres/CEO	Robert Allen Cook	16842 Von Karmann Ave. Ste 160	Irvine, CA 92606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	STE 6000			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

1-29-03

949-797-4700

CR2E034 (10/02)