2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F97000004889

Entity Name: NEWVISION IMAGE SYSTEMS CORPORATION

Current Principal Place of Business:

400 MAIN STREET, SUITE 400
STAMFORD, CT 06901

New Principal Place of Business:

50 LOCUST AVENUE
NEW CANAAN, CT 06840

Current Mailing Address:

400 MAIN STREET, SUITE 400
STAMFORD, CT 06901

New Mailing Address:

50 LOCUST AVENUE
NEW CANAAN, CT 06840

FEI Number: 06-1284638 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCVS ( ) Delete
Name: WATKINS, RONALD R
Address: 30 CROOKED MILE RD
City-St-Zip: DARIEN, CT 06820

Title: D ( ) Delete
Name: WATKINS, RONALD R
Address: 30 CROOKED MILE RD
City-St-Zip: DARIEN, CT 06820

Title: TD ( ) Delete
Name: WATKINS, MARGARET M
Address: 30 CROOKED MILE RD
City-St-Zip: DARIEN, CT 06820

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS ( ) Change (X) Addition
Name: DUNLEAVY, SHERYL W
Address: 539 HOLLOW TREE RIDGE RD
City-St-Zip: DARIEN, CT 06820

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL WATKINS DUNLEAVY AS 03/23/2009
Electronic Signature of Signing Officer or Director — Date