

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91116 034 ***150.00

DOCUMENT # F99000001459

1. Entity Name
INPHOTO SURVEILLANCE, INC.

Principal Place of Business 530 W LOCKPORT #106 PLAINFIELD IL 60544	Mailing Address 530 W LOCKPORT #106 PLAINFIELD IL 60544
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 2314 Rt 59 # 376 City & State Plainfield, IL
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4. FEI Number 36-3188415	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME KIZOREK, TIMOTHY STREET ADDRESS 530 LOCKPORT #106 CITY-ST-ZIP PLAINFIELD IL 60544	<input type="checkbox"/> Delete	TITLE P NAME John Powers STREET ADDRESS 530 w. Lockport #106 CITY-ST-ZIP Plainfield, IL 60544	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME CERRILLOS, MICHELLE STREET ADDRESS 530 W LOCKPORT #106 CITY-ST-ZIP PLAINFIELD IL 60544	<input checked="" type="checkbox"/> Delete	TITLE V NAME Russell Aaronson STREET ADDRESS 4A Eyes Drive #110 CITY-ST-ZIP Marlton, NJ 08053	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VS NAME GORDON, ABRAM S STREET ADDRESS 9113 LESAINTE DR CITY-ST-ZIP FAIRFIELD OH 45014	<input type="checkbox"/> Delete	TITLE V NAME Michael Rosen STREET ADDRESS 1900 Church Street CITY-ST-ZIP Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VAS NAME PEREL, SABRINA STREET ADDRESS 900 3RD AVE, 7TH FL CITY-ST-ZIP NEW YORK NY 10022	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME PACIOTTI, NAZZARENO STREET ADDRESS 900 3RD AVE, 7TH FL CITY-ST-ZIP NEW YORK NY 10022	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GORDON, ABRAM S STREET ADDRESS 9113 LESAINTE DR CITY-ST-ZIP FAIRFIELD OH 45014	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN POWERS Date: 4/20/01 Daytime Phone #: 815/254-0600

CR2E034 (10/00)