

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 048 ***150.00

DOCUMENT # H24829

1. Corporation Name
SECUTRON, INC.

Principal Place of Business
1225 EAST RIVER DRIVE
ONE RIVER PLACE, STE 210
DAVENPORT IA 52803

Mailing Address
1225 EAST RIVER DRIVE
ONE RIVER PLACE, STE 210
DAVENPORT IA 52803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1984

4. FEI Number

59-2917722

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

LOONEY, STEPHEN R
200 SOUTH ORANGE AVENUE., STE 3000
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

James R. Kay

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

ARKHAM CENTER
Phillips Point East Tower, Suite 900

83

777 South Flagler Drive

84 City

West Palm Beach

FL

85 Zip Code
33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

James R. Kay

(NOT: Registered Agent signature required when reinstating)

4/9/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CUMMINGS, DONALD B
STREET ADDRESS 105 TORBAY ROAD
CITY-ST-ZIP ST. JOHN'S NEWFOUNDLAND A1A2G-9

☒ DELETE

TITLE ST
NAME OFFORD, W J
STREET ADDRESS 5958 16TH AVENUE WEST
CITY-ST-ZIP MARKHAM ONTARIO L3P3J3 FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME John Marvin Peterson
1.3 STREET ADDRESS 1671 Flint Road Downsview Ontario
1.4 CITY-ST-ZIP Canada M3J 2W8

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John M. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

April 27, 1999 416-665-8460

Date

Daytime Phone #

CR2E034 (11/98)

0555914