2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103936

Entity Name: VICOM GROUP NORTH AMERICA, INC.

FILED Sep 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5758 S SEMORAN BLVD BLDG E 21 FOREST VIEW WAY ORLANDO, FL 32822 ORMOND, FL 32174 US

Current Mailing Address: New Mailing Address:

5758 S SEMORAN BLVD BLDG E 21 FOREST VIEW WAY ORLANDO, FL 32822 ORMOND, FL 32174 US

FEI Number: 52-2418715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOLLER, DAVID E SQ.

5758 S SEMORAN BLVD BLDG E

579 PALM DRIVE

NEW SMYDNA BEACH EL

ORLANDO, FL 32822 NEW SMYRNA BEACH, FL 32168 US

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: JOHN R. TRASK 09/01/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change (X) Addition LUSBY, DAVID MR Name: Name: 21 FOREST VIEW WAY Address: Address: City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174 US Title: () Delete Title: **VCHR** () Change (X) Addition Name: Name: MATHESON, NEIL MR 154 GREENRIDGE ROAD Address: Address: LAKE WYLIE, SC 29710 US City-St-Zip: City-St-Zip:

Title: () Delete Title: PRES () Change (X) Addition

 Name:
 Name:
 TRASK, JOHN R MR

 Address:
 Address:
 579 PALM DRIVE

City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN R TRASK PRES 09/01/2004