

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103936

FILED  
Sep 12, 2007  
Secretary of State

Entity Name: VICOM GROUP NORTH AMERICA, INC.

## Current Principal Place of Business:

21 FOREST VIEW WAY  
ORMOND, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

21 FOREST VIEW WAY  
ORMOND, FL 32174 US

## New Mailing Address:

FEI Number: 52-2418715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRASK, JOHN R MR  
579 PALM DRIVE  
NEW SMYRNA BEACH, FL 32168 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

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:

Title: CHR ( ) Delete  
Name: LUSBY, DAVID MR  
Address: 21 FOREST VIEW WAY  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: VCHR ( ) Delete  
Name: MATHESON, NEIL MR  
Address: 154 GREENRIDGE ROAD  
City-St-Zip: LAKE WYLIE, SC 29710 US

Title: PRES ( ) Delete  
Name: TRASK, JOHN R MR  
Address: 579 PALM DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D ( ) Delete  
Name: RYBERG, CARL J  
Address: 579 PALM DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: D ( ) Delete  
Name: HANDLY, GARY  
Address: BREDGATAN 6  
City-St-Zip: HOOR, SWEDEN S243 32,

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

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

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: JOHN R TRASK

PRES

09/12/2007

Electronic Signature of Signing Officer or Director

Date