


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90001 003 ***150.00

DOCUMENT # P12560 1. Entity Name VICON INDUSTRIES, INC.	
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Principal Place of Business 89 ARKAY DR HAUPPAGE, NY 11788 US	Mailing Address 89 ARKAY DR HAUPPAGE, NY 11788 US
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24003248

DO NOT WRITE IN THIS SPACE

01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2160665	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIDRE, FRANK 500 EAST BROWARD BLVD., STE 124 FORT LAUDERDALE, FL 33394
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORN, PETER 89 ARKAY DR HAUPPAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BADKE, JOHN 89 ARKAY DR HAUPPAGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGOWAN, BRET 89 ARKAY DR HAUPPAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, GREGORY W 89 ARKAY DR HAUPPAGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDGE, MILTON 89 ARKAY DR HAUPPAGE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHE, ARTHUR D 89 ARKAY DRIVE HAUPPAGE, NY 11788

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Beidler Date: 1-15-04 Daytime Phone #: 631-952-2288