


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 015 ***150.00

| | | | |
|---|---|---|---|
| DOCUMENT # P12560 | |  | |
| 1. Entity Name VICON INDUSTRIES, INC. | | | |
| Principal Place of Business 89 ARKAY DR HAUPPAUGE, NY 11788 US | | Mailing Address 89 ARKAY DR HAUPPAUGE, NY 11788 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FIDRE, FRANK 500 EAST BROWARD BLVD., STE 124 FORT LAUDERDALE, FL 33394 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HORN, PETER 89 ARKAY DR HAUPPAUGE, NY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BADKE, JOHN 89 ARKAY DR HAUPPAUGE, NY 11788 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCGOWAN, BRET 89 ARKAY DR HAUPPAUGE, NY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERTSON, GREGORY W 89 ARKAY DR HAUPPAUGE, NY 11788 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIDGE, MILTON 89 ARKAY DR HAUPPAUGE, NY <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROCHE, ARTHUR D 89 ARKAY DRIVE HAUPPAUGE, NY 11788 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>John M. Badke</u> | | Date: <u>3-18-05</u> Daytime Phone #: <u>631-952-2288</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |

50030463



03172005 Chg-P CR2E034 (10/03)

4. FEI Number 11-2160665 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

ATTACHMENT
P12560
50030463

VICON INDUSTRIES, INC.

11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10

1.1 TITLE P/D
1.2 NAME KENNETH DARBY
1.3 STREET ADDRESS 89 ARKAY DRIVE
1.4 CITY-ST-ZIP HAUPPAUGE, NY 11788

2.1 TITLE VP
2.2 NAME THOMAS FINSTEIN
2.3 STREET ADDRESS 89 ARKAY DRIVE
2.4 CITY-ST-ZIP HAUPPAUGE, NY 11788

3.1 TITLE VP
3.2 NAME JOHN WHITEMAN
3.3 STREET ADDRESS 89 ARKAY DRIVE
3.4 CITY-ST-ZIP HAUPPAUGE, NY 11788

4.1 TITLE VP
4.2 NAME YACOV PSHTISSKY
4.3 STREET ADDRESS 89 ARKAY DRIVE
4.4 CITY-ST-ZIP HAUPPAUGE, NY 11788

5.1 TITLE D
5.2 NAME CLIFTON H.W. MALONEY
5.3 STREET ADDRESS 89 ARKAY DRIVE
5.4 CITY-ST-ZIP HAUPPAUGE, NY 11788

6.1 TITLE D
6.2 NAME PETER NEUMANN
6.3 STREET ADDRESS 89 ARKAY DRIVE
6.4 CITY-ST-ZIP HAUPPAUGE, NY 11788