


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90070 034 ***150.00

DOCUMENT # P12560			
1. Entity Name VICON INDUSTRIES, INC.			
Principal Place of Business 89 ARKAY DR HAUPPAGE, NY 11788 US		Mailing Address 89 ARKAY DR HAUPPAGE, NY 11788 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03192008 Chg-P CR2E034 (12/06)

4. FEI Number
11-2160665

Applied For	
Not Applicable	

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORN, PETER 89 ARKAY DR HAUPPAGE, 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 HAUPPAGE, 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 HAUPPAGE, 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 HAUPPAGE, 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 ROCHE, ARTHUR D 89 ARKAY DRIVE HAUPPAGE, 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	<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 exemptions contained 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 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 Badke* JOHN BADKE 3/24/08 631-952-2288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50001191

#P12560

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 | YACOV PSHTISSKY |
| 2.3 STREET ADDRESS | 89 ARKAY DRIVE |
| 2.4 CITY-ST-ZIP | HAUPPAUGE, NY 11788 |
| 3.1 TITLE | D |
| 3.2 NAME | CLIFTON H.W. MALONEY |
| 3.3 STREET ADDRESS | 89 ARKAY DRIVE |
| 3.4 CITY-ST-ZIP | HAUPPAUGE, NY 11788 |
| 4.1 TITLE | D |
| 4.2 NAME | PETER NEUMANN |
| 4.3 STREET ADDRESS | 89 ARKAY DRIVE |
| 4.4 CITY-ST-ZIP | HAUPPAUGE, NY 11788 |