2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P37843

1. Entity Name
ISEC, INCORPORATED

Principal Place of Business	Mailing Address
33 INVERNESS DR EAST ENGLEWOOD, CO 80112	P. O. BOX 6849 ENGLEWOOD, CO 80155

02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-0577348
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LONG, GIL
STREET ADDRESS	33 INVERNESS DR EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	PRES
NAME	SHAW, DONALD F.
STREET ADDRESS	33 INVERNESS DR EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	VD
NAME	JEFF ANDERSON
STREET ADDRESS	33 INVERNESS DR EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	VD
NAME	NORBLOM, JOAN
STREET ADDRESS	33 INVERNESS DR EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	VD
NAME	LONG, GIL
STREET ADDRESS	33 INVERNESS DR EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	VD
NAME	MORGAN, DUSTY
STREET ADDRESS	33 INVERNESS DR EAST
CITY-ST-ZIP	ENGLEWOOD, CO 80112

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02/13/07-80020-017 150.00

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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: _____ 2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #