2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P37843 **DOCUMENT #**

1. Entity Name ISEC, INCORPORATED



Mailing Address Principal Place of Business 10006562 P. O. BOX 6849 33 INVERNESS DR EAST ENGLEWOOD CO 80155 ENGLEWOOD CO 80112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 84-0577348 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Rob Hutchison ANDERSON, LEWIS L. NAME NAME Inverness DR East 33 INVERNESS DR EAST STREET ADDRESS STREET ADDRESS 51103 07 Stoward ENGLEWOOD CO 80112 CITY-ST-ZIP CITY-ST-ZIP **VDST** TITLE ☐ Delete SHAW, DONALD F. NAME NAME 3 Inverness Drive East 33 INVERNESS DR EAST STREET ADDRESS STREET ADDRESS Enjewood CO 80/12 CITY-ST-7IP CITY-ST-ZIP ENGLEWOOD CO 80112 Addition Change ☐ Delete TITLE Jim McAllister - 12 East MORISHIGE, DENNIS Y. NAME NAME STREET ADDRESS 33 INVERNESS DR EAST STREET ADDRESS Englewood CO 80112 ENGLEWOOD CO 80112 CITY-ST-ZIP CITY-ST-ZIP **X** Addition ☐ Change ☐ Delete TITLE TITLE Jeff Anderson NORBLOM, JOAN NAME NAME 33 Inverness Orine East STREET ADDRESS 33 INVERNESS DR EAST STREET ADDRESS Englewood CO 80112 ENGLEWOOD CO 80112 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITI F Change Addition TITL F LONG, GIL NAME NAME

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 employered to execute this leport 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 a empo

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

33 INVERNESS DR EAST

ENGLEWOOD CO 80112

33 INVERNESS DR EAST

ENGLEWOOD CO 80112

MORGAN, DUSTY

SIGNATURE AND TYPED OR TRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

FILED

Jan 21, 2003 8:00 am

Secretary of State

01-21-2003 90124 039 ***150.00

☐ Addition

☐ Change

Š CR2E034