


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

FILED

03 JUL -2 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <b>18 P99000056578</b>	
1. Entity Name <b>SECURITY INTELLIGENCE TECHNOLOGIES INC</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>145 HUGUENOT ST.</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>310</b>		Suite, Apt. #, etc.	
City & State <b>NEW ROCHELLE, NY</b>		City & State	
Zip <b>10801</b>	Country <b>WESTCHESTER</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0928369</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>CORPORATE SERVICE COMPANY</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS ST., #2</b>	
	City <b>TALLAHASSEE</b>	FL Zip Code <b>32301</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO BEN JAMIL 145 HUGUENOT ST. NEW ROCHELLE, NY 10801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600021450056 07/10/03--01007--025 **\$50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFD CHRIS R. DECKER 145 HUGUENOT ST. NEW ROCHELLE, NY 10801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600021450056 07/10/03--01007--026 **\$8.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT AND DIRECTOR NOMI OM 145 HUGUENOT ST. NEW ROCHELLE, NY 10801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT AND DIRECTOR MENACHEM COHEN 145 HUGUENOT ST. NEW ROCHELLE, NY 10801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT SALES &amp; DIRECTOR TOM FELICE 145 HUGUENOT ST. NEW ROCHELLE, NY 10801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SYLVAIN NAAR 145 HUGUENOT ST. NEW ROCHELLE, NY 10801</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/1/03 (914)654-8700**

CR2E034B (12/02)

7/1/03