

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is white to a results for \$6.875.00

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 137457	2. Name of Corporation Onity,				
3. Street Address Principal Busine 2232 North	ss Office		Duluth	State	3009L
4. Business Phone No. 5. State of Inconformation (770)497-3949 Delawai					
President Name MARK Got	n of Elec	tronic Lock	CHMENT) THIL IN SPACE Vice President Name William (ACHMENTS
2232 Northmont Parkway			Street Address 2232 No.	rthmont	Parkway
Duluth	State GA	300 96	Duluth	State GA	30096
Secretary Name Dwinette Johnson			Treasurer Name Jay Weaver		
2232 Northmont Parkway			2232 Northmont Parkway		
Duluth	State GA	30096	Duluth	State GA	30096
8. NAMES AND ADDRESS Director Name Dun Can	4.11	KS: (A BOA FOR All	HAROL Folsom		
Street Address 9 Farm	Springs	Rd	Street Address 9 Farm	Springs	Rd.
Farmington Director Name	State	06032	Farming ton Director Name	State CT	06032
Street Address			Mreet Address		
СИу	State	Zip	City	State	ZΦ
9. SHARES AUTHORIZED	I		10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		I ENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Volue
			200	COMM	100.00
This report must be execute this report must be executed			d representative. If the corpora	ition is in the hands of	a receiver or trustee,

this report must be executed on behalf of the corporation by the receiver or trustee.

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct. Signature Date
Check NoFEB 0 2 2009	TAY WEAKER Print or Type Name
By 309/9 FOR SECRETARY OF STATE USE ONLY	Title
	Form 630 Rev. 08/08