Department of State - Business Services Division Annual Report for the year: 2019 Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 1. Entity ID Number 2. Exact name of the Corporation 000056103 North American Video Corporation City Principal Office Address State Zipə **Fullerton** CA 92831 1335 S. Acacia Avenue 4. NAICS Code Brief description of the character of business conducted in Rhode Island Sales/Service CCTV & Access Control Equipment 561621 5. State of Incorporation Delaware List ALL officers (names and addresses) Check the box to indicate an attachment Vice-President Name William Burger President Name
James Kauker Street Address 18 Sunpeak Street Address 1306 Mill Avenue State CA State CA City Irvine Žip **9260**3 City Redlands ^{Zip} 92373 Secretary Name Elizabeth Skakun Treasurer Name Debra La Berge Street Address 28202 Via Alfonse Street Address 801 S. Canyon Garden Lane State CA ^{Zıp} 92677 Zip **92808** City Laguna Niguel City Anaheim 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name William Groves Director Name James Kauker Street Address 18 Sunpeak Street Address 4451 Rainbow Lane City Irvine State State City Yorba Linda ^{Zıp} 92603 CA 92687 Director Name
William Burger Director Name Street Address 1306 Mill Avenue Street Address State ^{Zip} 92373 City State Zip Redlands 9. Shares Authorized (Sec Pormisi Shares Issued Check the box to indicate an attachment NUMBER OF SHARES This information is currently of record in the Department of State. 5255260 Common .0001 Changes require an additional filing. 4744740 **Preferred** .0001 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation 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 contained herein are true and correct. Name of Authorized Representative Date Debra La Berge, Treasurer 2/26/19 Signature of Authorized Representative 13:08 MAIL TO: KL 7NCS3 Division of Business Services

FORM 630 - Revised: 10/2017

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