

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 160 North Mann Street Providence RI 02993-1335 401 222 3040

ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	200
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Corporate (I) No	2 Name of Corpora	tion					
66590	AVCOM TEC	AVCOM TECHNOLOGY INC					
Street Address Principal Bu	siness Office		City	State	Zifi		
7410 POST RO	AD		NORTH KINGSTOWN	RI	02852		
(401) 295-42	00	5 State of Incorporat.			6. SIC Gode		
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NAMES AND ADDRI	SSES OF THE OFFICE	RS:_("X" B()X_FOR_A	<i>TTACHMENT)</i> — FH.L. IN SPA	CES BEFORE USIN	G ATTACHMENTS		
RELATED ELEC-TRONIC SYSTEMS NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A resident Name Michael Sypek							
et Address			Linda P. Sypek	<u> </u>			
59 Cobblesto	ne Hill Road		Street Address 59 Cobblestone Hi	ll Road	- · · ·		
Fratar	Shite	Zφ	City	State	Zip		
Exeter	RI	02822	Exeter	RI	02822		
Linda P. Sype	ale.		Preusiner isame	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		
n Address	<u> </u>	— — ——	Michael Sypek Street Address				
59 Cobblestor	ne Hill Road		:	11.0- 1			
	State	Zip	59 Cobblestone Hil	I ROad			
Exeter	RI	02822	B xeter	RI	^{Ζφ} 02822		
for Name	SSES OF THE DIRECTO	AS: (A BUAFUK)		ACES BEFORE USI	NG ATTACHMENT		
			Director Name				
Address	· · · · · · · · · · · · · · · · · · ·	<u></u>	Street Address				
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	Male	Zφ	City	State	Ζφ		
Tex Name	·····d·····		Director Name	Į			
<u></u>			Proceeding States				
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This report must	be signed in ink by cit	ner the President View	President, Secretary, Assistant Se				
		Tanadin, Fice	resident, secretary, Assistant Se	cretary, Treasurer, i	Receiver or Trustee		
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111	ars ariin ellat elife (811) f		Under penalty of permity 1	declare and affirm the	or I have some		
e Daic			Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all statements.				
			contained herein are true a	nd correct.			
	Y		Linda P. Suns b)				
k No	Z()		Signature of Officer	21	Date		
		1	Linda P. Sypel	ς			
·	2H]	Print or Type Name of Office	'r	 ,		
			Vice President				

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

1 Corporate ID No. 66590 3 Street Address Principal I	2. Name of Co AVCOM	granion TECHNOLOGY, INC.				
7410 POST F	Business Office		City	State	Zip	
4. Business Phone No.		1	NORTH KINGSTOWN	_L RI	0285	
(401) 295-4	200	5 State of Incorporat	llon		6. SIC Gode	
7 Holef Description of the C		RHODE ISLA	ND	_	0000	
RELATED ELEC	TROUGH SYNTER	SIGN, INSTALLATION & R	RENTALOF CCTV, ACCESS CONTR	ROL, ARTICLE DET		
resident Name		WAY TORA	TTACHMENT) FILL IN SP	ACES BEFORE USI	NG ATTACHMENTS	
Michael Syp	≘k		tice resident name			
Street Address			Linda P. Sypek			
	one Hill Road		•	• -		
Exeter	State	Zip	: 59 Cobblestone Hi	ll Road		
ecretary Name	RI	02822	Exeter	RI	^{Ζίρ} Ο2822	
Linda P. Sy	nek	******************************	Treasurer Name	I		
	~^		Michael Sypek			
irect Address	•••			Street Address		
***	one Hill Road		Street Address			
59 Cobblesto	one Hill Road			ll Road		
59 Cobblesto "Exeter NAMES AND ADDR	State RI	Z/ρ 02822 CTORS: ("X" BOX FOR	59 Cobblestone Hi Guy Exeter	State RI	Zip O2822 SING ATTACHMENT	
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59 Cobblesto	State RI	02822 CTORS: ("X" BOX FOR	Street Address 59 Cobblestone Hi City Exeter ATTACHMENT) FILL IN SI Director Name Street Address	RI RI PACES BEFORE US	02822	
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File Date 1.21-04

Check No. 197

By: _______

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm th including any accompanying schedules and state contained herein are true and correct.	at I have examined this report, ements, and that all statements
Signature of Officer Sypek	1/15/04
Linda P. Sypek	>>
Print or Type Name of Officer	
Vice President	
Tule of Officer	
	Form 630 Rev. 12/03

Edward S. Inman, III. Secretary of State Corporation Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

·	
FORM MUST BE TYPED OR PRINTED IN BLACK)	

Filing Period: January 1-March 1 • Filing Fee: \$50.00 1 Corporate ID No. 2. Name of Curporation 56590 AVCOM TECHNOLOGY, INC.

City

North Kingstown

Linda P. Sypek

Michael Sypek

7410 Post Road 4. Business Phone No.

3 Street Address Principal Business Office

5. State of Incorporation

RI

State

02852

(401) 295-4200

6 SIC Code

Zip

7. Brief Description of the Character of Business Conducted in Rhode Island

RHODE ISLAND

8888

Commercial Audio & Video Equipment

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name

Michael Sypek

Street Address

59 Cobblestone Hill Road

City Exeter

State RI

Zip

02822

Secretary Name

Linda P. Sypek

Street Address

59 cobblestone Hill Road

City Exeter

State RI

Zip

02822

Street Address

City

59 Cobblestone Hill Road

59 Cobblestone Hill Road

State

RI

Zip

02822

Exeter

Director Name

Street Address

Street Address

Exeter

Treasurer Name

City

RI FILL IN SPACES BEFORE USING ATTACHMENTS

02822

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

Street Address

State

Zip

City

State

Zip

Director Name

Street Address

Street Address

Director Name

City

State

Zip

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

1,000 NO PAR VALUE

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-14-63

Check No.: LOLO 31

FOR SECRETARY OF STATE USE ONLY

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.

_ Linda P. Sypek
Print or Type Name of Officer

Vice President Title of Officer

- time 5

Form 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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(FORM MUST BE TYPED IN BLACK)				

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	r					

1. Curporate ID No.

2. Name of Corporation

66590

AVCOM TECHNOLOGY, INC.

3. Street Address Principal Business Office

7410 Port Road

City

State

Zip

RI

02852

4. Rusiness Phone No.

5. State of Incorporation

6. SIC Code

(401) 295-4200

RHODE ISLAND

8888

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial Audio & Video Equipment

8. NAMES AND ADDRESSES OF THE OF	TICEDS (evenow-non-non-non-non-non-non-non-non-non-
President Name	FICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT
Minter 1 of 1	Vice President Name
Michael Sypek	Linda D. Simole

Street Address

59 Cobblestone Hill Road

City Exeter

State RI Zip

02822

Secretary Name

Linda P. Sypek

Street Address

50 Cobblestone Hill Road

City

State RĮ

210

02822

Linda P. Sypek

North Kingstown

Street Address

59 Cobblestone Hill Road

State RI Zip

Exeter

Treasurer Name

Michael Sypek

Street Address

59 Cobblestone Hill Road

City

Exeter

RI

02822

02822

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name

Director Name

Street Address

City

Street Address

Exeter

State

Zip

Street Address

State

Zip

Director Name

Street Address

City

City

State

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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHAKES

1,000 NO PAR VALUE

Number of Shares

Class/Series

State

Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ESSUED SHARES

Number of Shares 1,000

Common

Under penalty of perjury, I declare and affirm that I have examined

Class/Series

Par Value No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Title of Officer **₹**⊅ 5

Linda P. Sypek Print or Type Name of Officer

Vice President

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST E	ΙE	TYPED	IN	BLACK)
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1. Corporate ID No.

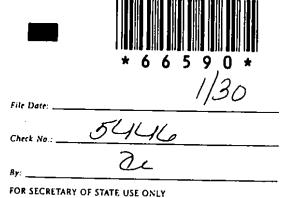
66590

2. Name of Corporation
AVCOM TECHNOLOGY

• • • • •	MTTON IL	CHUOFAGI' THE"			
3. Street Address Principal Bi		-	City	State	•
7410 PC	ST ROAD		NORTH KINGSTO		^{Zip} 02920
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 295-420		RHODE ISLA	IND		8888
7. Brief Description of the Ch	aracter of Rusiness Conducted	in Rhode Island			
Commercial Au	dio & Video Equ	ipment			
B NAMES AND AD E	PRESSES OF THE OFF	CERS ("X" BOX FOR ATT)	CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		CIMILIVIS
Michael Sypek	ζ		Linda P. Sype	ek	
itreet Address			Street Address		
59 Cobbleston			59 Cobblestor	ne Hill Road	
City Proton	State	Zip	City	State	Zip
Exeter	RI	02822	Exeter	RI	02822
ecretory Name Linda P. Sype	Ale.	•	Treasurer Name		
treet Address	?X		Michael Sype	ζ	
59 Cobbleston	o Uill Dood		Street Address		
ity CODDIESCON			59 Cobblestor	ne Hill Road	
Exeter	State RI	Zip	City	State	Zip
		02822	Exeter	RI	02822
rector Name	KESSES OF THE DIR	ECTORS (*X* BOX FOR AT		CES BEFORE USING AT	FACHMENTS
			Director Name		
treet Address			Faces Address		
			Street Address		
ity	State	Zip	City		•
			City	State	Zip
irector Name	•		Director Name		
reet Address			Street Address		
ity	State	Zip	City	State	Zip
					2.9
	IZED (*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
JTHORIZED SHARES			ISSUED SHARES		••
umber of Shares	Class/Series	For Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

1,000



1,000 SHS NO PAR VALUE

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. 1/8/2001

Common

Date

Linda P. Sypek

Print or Type Name of Officer Vice President

Title of Officer

No Par

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

AVCOM TECHNOLOGY, INC.

3. Street Address Principal Business Office

30 PHENIX AVENUE

City

CRANSTON

State

210

RI

02920 6. SIC Code

4. Business Phone No.

5. State of Incorporation

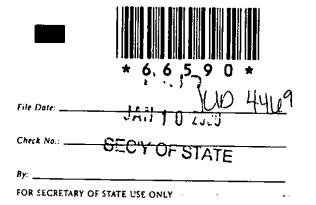
(401) 946-7080 RHODE ISLAND

7. Brief Description of the Character of Rusiness Conducted in Rhade Island Deisgn, Commercial Audio & Video Equipment.

Sales, & Installation of Industrial &

B. NAM	<u>LS AND ADDRE</u>	SSES OF THE OF	FICERS (*X* BOX FOR AT	ACHMENT) FILL IN SPAC	ES BEFORE USING ATTAC	UMERTS		
President Name Michael Sypek				Vice President Name Linda P. Sypek				
Street Addi				Street Address	0150.1			
59 Cobblestone Hill Road			•	ostono Udli n	3			
City		State			estone Hill Road	a		
,	Exeter	RI	^{zıp} 02822	City Exeter	State RI	Zip		
Secretary &	Jame	•			KI	02822		
•	Linda Syp	ek		Treasurer Name				
Street Addr				Michael S	ypek			
Street Appr		stone Hill	Don d	Street Address				
	33 CODDIE	stone nili	Road	59 Cobble	stone Hill Road	3		
City	Euchen	State	Zip	City	State	Zip		
	Exeter	RI	02822	Exeter	RI	02822		
9. NAM	ES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A					
Director No	ime			Director Name	ACES BEFORE USING ATTA	CHMENTS		
				Dittio. Name				
Street Addr	ess			g. 31				
				Street Address				
City				•.				
J.,		State	Zip	City	State	Zip		
		,						
Director No	me		• • •	Director Name	• . • .			
Street Addre	rss			Street Address	•			
City		State	Zip	City	Sene.			
			• •	,	State	Zip		
10. SHA1	RFS ATITHODIST	ED (*x* box for att	(a.C.) (D.) (D.)					
AUTHORIZE		CD CY. BOX FOR WILL	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)			
				ISSUED SHARES				
Number of S	Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1.000	SHS NO PAR	VALUE						
. ,		THEOL		1,000	Common	No Par		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Linda P.	Supple
Signature of Officer	JU

1/6/2000

Date

Linda P. Sypek

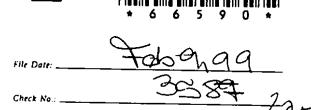
Print or Type Name of Officer Vice President

Title of Officer

Jumes R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 68590 AVCOM TECHNOLOGY, INC. 3. Street Address Principal Business Office City State 30 PHENIX AVENUE CRANSTON RI 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 946-7080 RHODE ISLAND 0000 7. Brief Description of the Character of Business Conducted in Rhode Island & Installation of Industrial & Commerical Audio & Video Equip. Sales 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael Sypek Linda P. Sypek Street Address 59 Cobblestone Hill Road 59 Cobblestone: Hill Road City Exeter RI 02822 Exeter 02822 Secretary Name Linda Sypek Michael Sypek 59 Cobblestone Hill Road Cobblestone Hill Road City ຶ້ປ2822 Exeter Exeter 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS **Olrector Name** Director Name Street Address Street Address City State Zip State Director Name Director Nam Street Address Street Address City State Zip State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Volue Number of Shares Class/Series 1.000 SHS NO PAR VALUE 1.000 Common No Par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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.

Linda P. Sypeb	2/8/99	
Signature of Officer	Date	_
Linda P. Sypek		

Vice President

Title of Officer

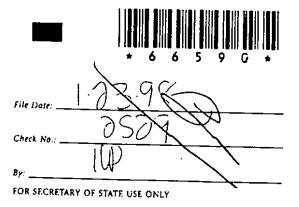
Print or Type Name of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1.0	ED IN BLACK)				INSTRU
1. Corporate ID No. 66590	2. Name of Carp	oration		-	
3. Street Address Principa		ECHNOLOGY, INC.			
30 Ph	ENIX AVE		CRANSTO N	State RJ.	, ,
	7080 Character of Business Conducts	S. State of Incorporation RHODE ISLA	ND		6. SIC Code
Audie VI	460 A 9	FICERS ("X" BOX FOR ATT.	~ PruducTs		
President Name		1100000 1.X-BUX-50K-A11/	Vice President Name		
Street Address	L Sypek		LINDA S Street Address	yP eK	
174 Sn	nith Uill State	91.		79 H.11 1	Zond
HARRIS VIII.	e P.	₹.	MARNISVILLE	State R.I.	Zip
LINCA Street Address	Sypek		MIChAL	SYPLK	
	4 N,11 R	ing d	Street Address 174 Sm, Th	16.11 R	u na cl
HARNISUITE	State R-1	Zip	City	State	Zip
9. NAMES AND AL	- , , , , , , , , , , , , , , , , , , ,	RECTORS (*X* BOX FOR AT	City I+PIRKIS VIII TACHMENT)	le RI.	·
The state of the s	NIA		Director Name	H	
Street Address			Street Address	•	
			•		
City	State	Zip	City	State	Zip
•	State	ZIP	City Director Name	State	Zip
Director Name	State	Zip		State	Zip
Director Name Street Address	State State	Zip Zip	Director Name	State State	Zip · · · · · · · · · · · · · · · · · · ·
Director Name Street Address City 10. SHARES AUTHO		Zip	Director Name Street Address City 11. SHARES ISSUED (*X	State	Zip
Director Name Street Address City	State	Zip	Director Name Street Address City	State	Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Nn

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.

Signature of Officer

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

66590

AVCOM TECHNOLOGY, INC.

5. State of Incorporation

3. Street Address Principal Business Office

30 Phenix 4. Business Phone No.

AUR.

CRAWSTON

946-7080 (101) **RHODE ISLAND** 7. Brief Description of the Character of Ausiness Conducted in Rhode Island

AUDIO VIDEO & SURVEILLAND PRODUCTO

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name MICHAEL SYPEK LINCH AGRESS 174 Smith Hill Road IVE President Name Street Address 174 Smith Hill Rd City State Zip MARRIS WITE R.I. HARRIS WITE R.I. Secretary Name LINCH SYPEK Street Address 174 Smith Hill Rd MICHAEL SYPEK Street Address 174 Smith Hill Rd Street Address 174 Smith Hill Rd City State Zip City State Zip City State R.I. 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name N/A Street Address	
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Secretary Name LINCH SYPEK Street Address 174 Smith Hill Rd City State Zip City State R.I. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name N/A Street Address Street Address Street Address Street Address City State N/A Street Address	
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Director Name Director Name	
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10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES	
Number of Shares Class/Series Per Value Number of Shares	
Number of Shares Class/Series Par Val	ne
1,000 SHS NO PAR VALUE	N

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 6 5 9 0 *
File Date:	2/4/97
Sheck No.:	1562

FOR SECRETARY OF STATE USE ONLY

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.

MICHAEL
Print or Type Name of Officer

ANNUAL REPORT

1990



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

2. NAME OF CORPORATION

Filing Fee: \$50.00

1. CORPORATE ID NO.

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2

PLEASE TYPE OR PRINT IN BLACK INK.

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56590 SURVEILLANCE PRODUCTS 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	inc. A · II om		
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4. BUSINESS PHONE NO. 5 STATE OF INCORPORATION -	en de la	· · -	6 SIC COOE
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(401) 946-7080 RHODE IS 7. BREF DESCRIPTION OF THE CHARACTER OF BUSINESS COMDUCTED IN RHODE ISLAND		· • · · .	* '
Surveillance Product	-s		
PRESIDENT NAMES AND ADDR	ESSES OF THE OF	FICERS	·
	VICE PRESIDENT NAME	- -	
MICHAEL SYPEK	STREET ADDRESS	S upel	<
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This report must be SIGN	IED IN INK by either the		
President, Vice President, Secretary, Assista	int Secretary, Treasurer, F	Receiver or Trustee	
			
	Under penalty of prepart, including a	Perjury, I declare and a	firm that I have examined this
	all statements con	tained herein are true a	dules and statements, and that nd correct.
ibilai		<u>\</u>	
File Date: 1/24/96 Check No: 2330	Signature of Office		
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/ v)	Out at the same	of Officer	
	Print or Type Name	of Officer	
By:	Print or Type Name		1-24-61
For Secretary of State Use Only	a 0		/ - 2 Y - 9 6 Date

Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March I Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	~~···		Annual Report for	1995	
	SURVETU ANCE				
Name of Corporation:			· 		
Business entity organized t	inder the laws of the State of: _ R.		Business Entity		
ror foreign entity, address	and telephone number of principal offi			Corporation (See RIGL Chapter 7-1.	
			[] Professiona	al Service Corporation (See RIGL C	hapter 7-5.1)
			D : 4		
Phone: ()		-	Brief statement of	of the character of business conducted 1/ 40ce Pauluts	ed in Rhode Island:
Address and telephone of the	ne principal office of business entity in	Rhode	<u> </u>	77 WYCE - F 160 B 3 CH S	
Island (Provide street addre	ss - Not P.O. Box):				
-30 Phe	MIX Avenue				
CICANSTO	N, R.I. 029	, 20			
Phone: (40/) 9	46 - 20 8 0				
ritoffe, Z					
		JAMES OF T	HE OFFICERS AR		
PRESIDENT		STREET AD	DRESS	CITY/STATE	ZIP CODE
MICHAEL S	YPEK 174	Smith	HIII Rd.	HARRISUILLE RJ.	
•	_	STREET AD	DRESS	CITY/STATE	ZIP CODE
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Linda S.		STREET AD	DRESS	CITY-STATE	ZIP CODE
Linda Sy	IPEK	STREET AD	Mer	· ,	
michae Sy	pek	4.	(ME2)	CITY/STATE	ZIP CODE
		AMES OF TH	E DIRECTORS AI	Dr.	
NAME,		STREET ADI		CITY/STATE	ZIP CODE
NAME.		STREET ADI	DRESS	CITY/STATE	ZIP CODE
NAME	· · ·	<u> </u>			
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LEASE NOTE: If the region	DESIGNATED REGIS	<u>a eken ve</u> f	MI FOR SERVICE	E OF PROCESS:	
	stered office and/or registered agent	indicated below	is incorrect, Form 9 mi	ust be filed.	

SAMUEL L. DISAND, ESQ. 23 SHORT ROAD BARRINGTON RI 02806

MAR 2 8 1995 By cc 7619 Frang Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC Sept 1 - Nov 3 CORP Jan 1 - March 1

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Name of Business Entity:	
	SURVEILLANCE PRODUCTS, INC.
Business entity organized under the laws of the State of a R · F :	Business Entity is (check one):
	Business Corporation (See RIGL Chapter 7-1-1)
Federa: Taxpayer Identification Number	[] Professional Service Corporation (See RIGL Chapter 7-5-1)
For foreign entity, address and telephone number of principal office	[] Lamited Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom
	communications may be directed
	- Linda Sypele, SECRITANY
	227 Phenix Ave. 7
Phone (.1 .1	CRANSTON, R.I. 12910_
Address and telephone of the principal office of business entity in Rhode.	(401) 946- 7080 <u> </u>
Island (Provide street address - Not P.O. Box)	Brief statement of the character of business conducted in Rhode Island.
_ 23 ShorT Rd.	Surveillance Products
BARRINGTON R. I OS	906
6	
	Date of Organization: 1-2-9-
Phone (401) = 45-3643	Date of Qualification to do business in Rhode Island (if foreign entity):
	· · · · · · · · · · · · · ·
THE NAMES	S OF THE OFFICERS ARE:
TEMBER SACUE SYL OCTUCER OR GARRESIDE ST. Chick One) 8	THEFT ADDRESS CITYSTATE ZIPCO
MICHAINGONNIKIN TYCK ALLINNIC ON DON'S	4 Specific Ideal Rd. HARROVILLE RJ.
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CUSTODIAS OF RECORDS OF THE CHEET AS I CONST. OS.	SMITS WIN RE HERRINILL PRIT.
CHIEF P SANCIAL CITICER OF IDERCASURES CHELOTED	4. Smith Well Rd. HARRISVILLE R.T.
Michael Sypek 17	4 Smith Hill Rd. WARRIEVALE 18. I.
	OF THE DIRECTORS ARE:
NAME.	PORCE STREET STREET
<u></u>	
NAME.	STREET ADDRESS CUINGLADE ZIPON
NUMBER OF SHARES AUTHORIZED (It Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (It Applicable)
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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0088590		Annual Report for the year	r1993
First:	The name of the corpor	ration is	SURVEILLANCE PRODUCT	
SECOND:	It is incorporated und	der the laws of	RHODE ISLAND	
THIRD: Detect	Character of business, tion and related el	briefly stated, is ectronic syst	Engage in the sales, serv and rental of CCTV, Acces tems.	vice, design, installati ss Control, Article
Fourth:	If foreign corporation	n, address of its p	orincipal office	
Г ІРТН:	Business address in Rho	xde Island	227 Phenix Avenue	
			Cranston, RI 02920	
Ѕіхтн:	Names and addresses o	f its directors and	d officers: Address (including number, s	(Attach rider if necessary)
······································		Director	,	
······································	······································	Director		
***************************************		Director		
Michae	l Sypek	President	174 Smith Hill Rd. Harrisv	ille, RI 02830
Linda	Sypek	Vice Presid	ent 174. Smith. Hill. Rd, Harrisv.	
	Sypek		174 Smith Hill Rd. Harrisv	
	l Sypek	•	174 Smith Hill Rd, Harrisv	
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Dated Januar	ry 29	93	SURVEILLANCE PRODUCTS, INC. (Name of Corporation)	
		1	By man Sam	
(Re _l	port must be signed by an of	ficer)	Title PRESIDENT	