

ISSUED: 07-05-1994

| No. 65816                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1994                                                                                                                                                                                                                                                                                                                                         |      | 2. Registered Agent and Office<br>C T CORPORATION SYSTEM<br>300 NORTH SIXTH STREET<br>BOISE ID 83702 |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------|-----|-----------|------------------------|--------------------------------------------------|---------|----------------------------------------|------------|--|--|--|--|------------|--|--|--|--|------------|--|--|--|--|
| Return To<br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>P.O. BOX 83720</b><br><b>Boise, ID 83720-0080</b><br>* FIRST NOTICE *<br>NO FEE REQUIRED                                                                                                                                                                                                                                                                                                                       | 1. Mailing Address —                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                      |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KNOGO CORPORATION<br>350 WIRELESS BOULEVARD<br>HAUPPAUGE NY 11788                                                                                                                                                                                                                                                                                                                                                         |      | 3. Incorporated Under The Laws<br>of NY<br>NO: 65816                                                 |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| 4. Names and Addresses of Officers and Directors<br><table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">LIST ATTACHED</p> |                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                      |     | Name      | Street or P.O. Address | City                                             | State   | Zip                                    | President: |  |  |  |  | Secretary: |  |  |  |  | Directors: |  |  |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Street or P.O. Address                                                                                                                                                                                                                                                                                                                                                                                                    | City | State                                                                                                | Zip |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| President:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                      |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| Secretary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                      |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| Directors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                      |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| 5. Nature of Business<br>Manf., sale & lease of security devices.                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td> <i>Peter J. Mundy</i><br/>           Name (Typed or Printed)         </td> <td>7/25/94</td> </tr> <tr> <td colspan="2">           PETER MUNDY<br/>           VP-CORPORATE CONTROLLER         </td> </tr> </table> |      |                                                                                                      |     | Signature | Date                   | <i>Peter J. Mundy</i><br>Name (Typed or Printed) | 7/25/94 | PETER MUNDY<br>VP-CORPORATE CONTROLLER |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                      |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| <i>Peter J. Mundy</i><br>Name (Typed or Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7/25/94                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                      |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |
| PETER MUNDY<br>VP-CORPORATE CONTROLLER                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                                                                      |     |           |                        |                                                  |         |                                        |            |  |  |  |  |            |  |  |  |  |            |  |  |  |  |

**KNOGO CORPORATION**  
**OFFICERS AND DIRECTORS**

**OFFICERS & DIRECTORS**

Thomas A. Nicolette  
President & CEO

Robert T. Abbott  
Sr. VP-Finance, Sec.  
Treasurer

Dr. Peter Zhou  
Senior VP-Technology

Peter J. Mundy  
VP-Corporate Controller

Michael N. Cooper  
VP-Engineering

Michael Trentacosti  
VP-Operations

Fred Cicchetti  
Vice President

William A. Perlmuth  
Director

Robert E. Vandermark  
Director

Frank M. Corso  
Director

**BUSINESS ADDRESS**

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788

350 Wireless Blvd.  
Hauppauge, NY 11788