

ILLINOIS COMMERCE COMMISSION
Petition for Certificate of Authority to Operate

INNOVATIVE SECURITY INFORMATION SYSTEMS, INC.
(Applicant)

Response to Question 6
Contact Persons

Innovative Security Information Systems, Inc. to work with Staff are as follows:

Name: Marsha L. Norris
Title: President
Mail Address: PO Box 7575
Springfield, IL 62791

Business Phone: 217-787-1443
Fax: 217-787-6160
E-Mail: isisinc11@yahoo.com

- a) Issues related to processing this application
- b) Consumer issues
- c) Customer complaint resolution
- d) Technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1- issues (n/a)
- g) security/law enforcement

Name: Kristy M. Stone
Office Manager/Coordinator
PO Box 7575
Springfield, IL 62791

Business Phone: 217-787-1443
Fax: 217-787-6160- fax
E-Mail: isisinc11@yahoo.com

- a) Issues related to processing this application
- b) Consumer issues
- c) Customer complaint resolution
- d) Technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1- issues (n/a)
- g) security/law enforcement

ILLINOIS COMMERCE COMMISSION
Petition for Certificate of Authority to Operate

INNOVATIVE SECURITY INFORMATION SYSTEMS, INC.
(Applicant)

**Response to Questions 8
Articles of Incorporation
Certificate to Transact Business in Illinois**

Attached are copies of Articles of Incorporation of Innovative Security Information Systems, Inc.

Also, please find attached is the Certificate of Registration.

FORM **BCA 2.10** (rev. Dec. 2003)
ARTICLES OF INCORPORATION
 Business Corporation Act

Jesse White, Secretary of State
 Department of Business Services
 Springfield, IL 62756
 Telephone (217) 782-9522
 (217) 782-6961
 http://www.cyberdriveillinois.com

FILED
JAN 14 2005
 JESSE WHITE
 SECRETARY OF STATE

02/04/2005 01:56PM

02/04/2005 01:56PM

SANGAMON COUNTY
 ILLINOIS

\$25.00
 2
 PATTY

MARY ANN LAMM
 SANGAMON COUNTY RECORDER

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State.
SEE NOTE 1 TO DETERMINE FEES!

Filing Fee: \$150.00 Franchise Tax \$ 25- Total \$ 175- File # 6393-736.3 Approved: [Signature]
 Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. CORPORATE NAME: Innovative Security Information Systems, Incorporated

(The corporate name must contain the word "corporation", "company," "incorporated," "limited" or an abbreviation thereof.)

2. Initial Registered Agent:	<u>Marsha</u>	<u>L.</u>	<u>Norris</u>
	<i>First Name</i>	<i>Middle Initial</i>	<i>Last name</i>
Initial Registered Office:	<u>4071 Larkspur Drive</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)</i>
	<u>Springfield</u>	<u>IL</u>	<u>62711</u>
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>
			<u>Sangamon</u>

3. Purpose or purposes for which the corporation is organized:
 (If not sufficient space to cover this point, add one or more sheets of this size.)
 The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act.
 Including providing guard tour systems to private facilities and organizations.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
<u>Common</u>	<u>10,000</u>	<u>100</u>	<u>\$ 1,000.00</u>
			TOTAL = \$ 1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:
 (If not sufficient space to cover this point, add one or more sheets of this size.)

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: _____ .
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Address	City, State, ZIP

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. **OPTIONAL: OTHER PROVISIONS**
 Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated January 3, 2005
 (Month & Day) Year

Signature and Name	Address
1. <u><i>Marsha L. Norris</i></u> Signature <u>Marsha L. Norris</u> (Type or Print Name)	1. <u>4071 Larkspur Drive</u> Street <u>Springfield, IL 62711</u> City/Town State ZIP Code
2. _____ Signature _____ (Type or Print Name)	2. _____ Street _____ City/Town State ZIP Code
3. _____ Signature _____ (Type or Print Name)	3. _____ Street _____ City/Town State ZIP Code

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by a duly authorized corporate officer. Type or print officer's name and title beneath signature.

Note 1: Fee Schedule
 The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this State. (Minimum initial franchise tax is \$25)

The filing fee is \$150

The **minimum total due** (franchise tax + filing fee) is \$175.

Note 2: Return to:
ISIS, Incorporated
 (Firm name)
Marsha L. Norris
 (Attention)
4071 Larkspur Drive
 (Mailing Address)
Springfield, IL 62711
 (City, State, ZIP Code)



000517

Certificate of registration

Please verify that all of the information on your certificate is correct. If you need to make any corrections you must contact us immediately. If all of the information is correct, display your certificate at the location printed on the certificate.



Illinois Department of Revenue
REG-2-A Certificate of Registration

IBT no. : 3609-8159
Loc. code: 084-0001 6 001

The person or business listed below is authorized to do business in Illinois.
This certificate must be visibly displayed at the location listed below.

INNOVATIVE SECURITY INFORMATION SYSTEMS
ISIS
1800 WESTROAD DR
SPRINGFIELD IL 62711-8901
SANGAMON COUNTY

Authorized tax:
Business Income Tax

License number:
Not applicable

The following tax responsibilities have an expiration date. We will contact you to renew your registration prior to the earliest expiration date.

Authorized tax:
Sales Tax

License number:
Not applicable

Expiration:
10/05/2010



Brian M. Keenan
Director of Revenue

2005-278-428-24-001



Illinois Department of Revenue

REG-1 Illinois Business Registration Application

Station # 925

Step 1: Read this information first



You may electronically file this form at www.ILtax.com.
To update previously submitted information, call 217 785-3707.

Faster and Easier

Do not check here until you have read all of Step 4.

Step 2: Provide your identification numbers and the reason for your application

Check the best description of why you are completing this application.

First-time registration of your business or organization. Tell us your federal employer identification number (FEIN). If you have applied for but not yet received your FEIN, write "applied for." 20-24 figures submitted by Taxpayer
Starting date of this business in Illinois: 1/10/2005
Month Day Year

Re-applying of a previously registered business. Tell us the Illinois Business Tax number (IBT no.) and, if applicable, the license number (Lic. no.) assigned to this business. IBT no.: _____ Lic. no.: _____

New starting date of this business in Illinois: _____
Month Day Year

Organizational change requiring a new Federal Employer Identification number (FEIN).

What is the effective date of this change? _____
Month Day Year

Is this change the result of a merger or consolidation? yes no

Tell us the FEIN and Illinois Business Tax number (IBT no.) previously assigned when you registered this business.

FEIN: _____ IBT no.: _____

Tell us the new FEIN assigned to your business as a result of this change. If you have applied for and not yet received your FEIN, write "applied for." FEIN: _____

Add a tax requirement or location for a currently registered business. Tell us the Illinois Business Tax number (IBT no.) and federal employer identification number (FEIN) currently assigned to this business.

IBT no.: _____ FEIN: _____

What is the effective date of this update or addition? 10/1/05
Month Day Year

Step 3: Identify your business or organization

1 Business' or organization's legal name: INNOVATIVE SECURITY INFORMATION SYSTEMS, INC.
Corporate, organization, partnership, or owner's (if sole proprietor) name

2 Doing business as (DBA) or trade name (if different from above): ISIS

3 Address of your corporate/home office or your principal Illinois business address. The address where you can be contacted.
4071 LARKSPUR DRIVE

Street address: _____ Apartment or suite number: _____
City: SPRINGFIELD State: ILLINOIS ZIP: 62711

Daytime phone (include area code): (217) 787-1443 Extension: _____
Fax (include area code): (217) 787-6160 E-mail address: 11170152 @ AOL.COM

4 Did you buy this business from someone? yes no
If yes, write the previous business' name and IBT no.

Previous business' name: _____ Previous business' IBT#: _____

5 Check **one** to indicate your type of business ownership (using the federal income tax classification).

Sole proprietorship. Is this jointly owned by both husband and wife? yes no

Corporation (other than an exempt organization)
Tell us the Illinois Corporate File (charter) number issued by the Illinois Secretary of State: 6393-736-3
Is this a small business corporation (subchapter S)? yes no If yes, tell us how many shareholders: 2

Partnership. Write the number of general partners: _____

Trust or estate

Exempt organization

Governmental agency

393-2001/2009

STATE OF ILLINOIS
CORPORATE ANNUAL REPORT
(Form CDBCAF - Rev. 02/20/2008)

CORPORATION FILE #
D 6393-736-3

THIS REPORT CAN BE FILED ON-LINE. GO TO www.cyberdriveillinois.com FOR DETAILS.
(USE BLACK INK)

INNOVATIVE SECURITY INFORMATION SYSTEMS, INCORPORATED
% MARSHA L NORRIS
1800 WEST ROAD DRIVE
SPRINGFIELD IL 62711

12/26/2006
Sangamon County

- 1-4. Verify information is accurate
5. MUST list names and addresses of all officers and directors as of the date of signing.
6. Changes to the authorized shares must be completed on form BCA 10.30 for Illinois Corporations.
7. Verify Registered Agent on file is true and accurate.

- 7a. Insert the principal address of Corporation.
7b. This document MUST be signed by an authorized officer

Reverse Side

- 9. Complete preparer information as requested.
10. Affirm female or minority status. You must complete annually by selecting appropriate box TO QUALIFY, 51% OWNERSHIP IS REQUIRED.

FILE # D 6393-736-3

Check this box if there are any changes in President or Secretary in #5 and MAIL IN THIS PORTION WITH THE ANNUAL REPORT.
Your current President and Secretary are:

President: MARSHA L NORRIS 4071 LARKSPUR DR SPRINGFIELD 62711
Secretary: NONE

DETACH AT PERFORATION AND SUBMIT WITH PAYMENT. DO NOT SUBMIT PHOTOCOPY FOR FILING 031560

ILLINOIS DOMESTIC / FOREIGN ANNUAL REPORT

Form with fields for: 1) Corporate Name, 2) File Number, 3) State / Country, 4) Inc / Qual Date, 5) President Name & Address, 6) Share Information, 7) Registered Agent, 7a) Principal Address of Corporation, and a signature block for the President.

STATE OF ILLINOIS
CORPORATE ANNUAL REPORT
 (Form CDBCAB - Rev. 02/20/2008)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

11. Enter Paid-in Capital as of the date listed. (Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts).

11a. If box 11 and 11a are different, you **MUST** file a **BCA 14.30**.

12. The State of Illinois requires all For Profit Corporations to pay a franchise tax. You must choose the method in which you will calculate your franchise tax from the 3 options listed below. You **MUST fill in your choice in box 12.**

A. All Property of the corporations in Illinois and ALL business of the corporations transacted at or from places of business in Illinois. Skip boxes 12a through 12d and **Enter 1.000000 in box 12e.**

B. The corporation **ELECTS** to pay franchise tax on the basis of 100% of its total paid-in capital. Skip boxes 12a through 12d and **Enter 1.000000 in box 12e.**

C. The corporation has assets and / or transacts business outside of the State of Illinois, boxes 12a through 12d **MUST** be completed.

"Property" means gross assets, including all real, personal, tangible and intangible property, without qualification. "Business" means gross receipts, from whatever source derived.

Note: The figures used in 12a) through 12d) will be given as of the close of the corporation's fiscal year on or immediately preceding the date printed in item 11. Enter date in item 12 FYE.

12a) Enter the value of the property owned by the corporation, wherever located **GROSS ASSETS.**

12b) Enter the value of the property owned by the corporation, located in Illinois: **ILLINOIS GROSS ASSETS.**

12c) Enter the gross amount of business transacted by the corporation everywhere.

12d) Enter the gross amount of business transacted by the corporation at or from places of business in the State of Illinois.

12e) Divide (12b + 12d) by (12a + 12c). This figure **MUST BE 6 decimal places and ENTERED** into box 12e.

12f) Multiply box 11 by box 12e. If the annual report is late, multiply the greater of box 11 or 11a by box 12e.

12g) Multiply box 12f by 0.001. If this figure is less than \$25.00 enter \$25.00. If greater than \$2,000,000.00 enter \$2,000,000.00

13. If submitting after due, complete worksheet below:

Late annual report

Multiply box 12g by 0.10 _____

Late Franchise Tax

Multiply box 12g by .02 by number of months late (minimum \$1.00). _____

Enter total in box 13. _____

TOTAL _____

14) \$75.00 filing fee.

15) Total due: add boxes 12g-13-14 (MINIMUM \$100.00).

16) Make check payable to Secretary of State. Please detach check stub.

CHECKLIST

Boxes 5 and 11 have been completed.

Box 12 has been completed and choice for Franchise tax was given.

Box 12e has been completed.

Box 12g is not less than \$25.00.

Box 15 is not less than \$100.00.

Box 7b is signed by an officer.

Place File number on check. Do not staple or paper clip check to annual report.

If submitting a form BCA 14.30, your previous allocation factor is 1.000000

Additional forms are located at www.ilsos.net or can be requested by telephone at (217) 782-6961. For questions regarding this form please call 217-782-7808.

File # D 6393-736-3	8) RESERVED	11) Current Paid-in Capital 10/31/2008	11a) 1,000
9) Prepared by	12) A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Use decimals in 12a-d 1 & g also in 13 and 15	12) FYE (See Note)
Address	12a) Total Gross Assets \$	Franchise Tax & Fees	
Phone #	12b) Gross Assets in Illinois \$	12g) Franchise tax (Minimum of \$25) 25.00	
E-mail Address	12c) Total Gross Business \$	13) Penalty / Interest	
10) <input type="checkbox"/> Female <input type="checkbox"/> Minority <input type="checkbox"/> Both	12d) Total Business in Illinois \$	14) Filing fee \$75.00	
Annual Report Year 2009	12e) Allocation Factor 1.000000	15) Total Due (Minimum of \$100.00)	
		12f) Illinois Capital \$ 1,000.00	100.00

Jesse White Secretary of State
 Department of Business Services
 501 S 2nd Street
 Springfield IL 62756-5510

ILLINOIS COMMERCE COMMISSION
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INNOVATIVE SECURITY INFORMATION SYSTEMS, INC.
(Applicant)

Response to Question 14
Background/Experience

Innovative Security Information Systems Inc. an Illinois Corporation, was incorporated in January 2005 by Marsha L. Norris.

Innovative Security Systems started in 1998, with its primary business as a supplier of our software, SecurityPro, a Guard Tour system for Correctional Facilities in Illinois. In January of 2005, Innovative Security Systems name changed to Innovative Security Information Systems, Inc. (ISIS, Incorporated.) and the corporation was formed. At that time, Innovative Security Information Systems became certified as a Woman-Owned Business.

In 2009, Innovative Security Information System, Inc. began its operations to market and contracted with Illinois County Jails for placement and operation of non-coin pay telephone equipment in prisons.

Innovative Security Information Systems, Inc. is aggressively seeking to increase its inmate pay phone base. We use PBG Coinless Telephones GO5080. These phones are constructed of heavy duty (14 guage) steel housing, built-in background noise reduction circuitry, designed for prisons, inmate facilities etc, maintained by customer-designed inmate telephone call control system and computer software. Innovative Security Information Systems, Inc.'s own personel poll its payphones on a daily basis for collections and repairs.

Innovative Security Information Systems, Inc. president has been working in the Inmate Telephone Industry for over 17 years, serving county jails.

Innovative Security Information Systems, Inc.
Balance Sheet
As of November 13, 2009

	Nov 13, 09
ASSETS	
Current Assets	
Checking/Savings	
National City Bank	4,476.36
Total Checking/Savings	4,476.36
Accounts Receivable	
Accounts Receivable	6,500.53
Total Accounts Receivable	6,500.53
Other Current Assets	
Inventory Asset	21,816.04
Total Other Current Assets	21,816.04
Total Current Assets	32,792.93
TOTAL ASSETS	32,792.93
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	6,783.00
Total Accounts Payable	6,783.00
Credit Cards	
Bank of America	5,101.46
Capital One	12,730.64
Chase Credit Card	15,299.98
National City Credit Card	4,000.00
Sams Club	-2.97
Total Credit Cards	37,129.11
Other Current Liabilities	
Phone Loan	12,500.00
Total Other Current Liabilities	12,500.00
Total Current Liabilities	56,412.11
Total Liabilities	56,412.11
Equity	
Opening Balance Equity	-31,719.85
Retained Earnings	3,328.04
Net Income	4,772.63
Total Equity	-23,619.18
TOTAL LIABILITIES & EQUITY	32,792.93

Innovative Security Information Systems, Inc.
Balance Sheet
As of November 13, 2009

	<u>Nov 13, 09</u>
ASSETS	
Current Assets	
Checking/Savings	
National City Bank	4,476.36
Total Checking/Savings	<u>4,476.36</u>
Accounts Receivable	
Accounts Receivable	1,476.85
Total Accounts Receivable	<u>1,476.85</u>
Other Current Assets	
Inventory Asset	21,816.04
Total Other Current Assets	<u>21,816.04</u>
Total Current Assets	<u>27,769.25</u>
TOTAL ASSETS	<u>27,769.25</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Bank of America	5,101.46
Capital One	12,730.64
Chase Credit Card	15,299.98
National City Credit Card	4,000.00
Sams Club	-2.97
Total Credit Cards	<u>37,129.11</u>
Other Current Liabilities	
Phone Loan	12,500.00
Total Other Current Liabilities	<u>12,500.00</u>
Total Current Liabilities	<u>49,629.11</u>
Total Liabilities	49,629.11
Equity	
Opening Balance Equity	-31,719.85
Retained Earnings	306.00
Net Income	9,553.99
Total Equity	<u>-21,859.86</u>
TOTAL LIABILITIES & EQUITY	<u>27,769.25</u>