

Form **SS-4**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

83-0485717

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested <b>VISISYS, INC.</b>																			
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name																		
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>c/o CSC 2711 CENTERVILLE, SUITE 400</b>	5a Street address (if different) (Do not enter a P.O. box.) <b>2711 CENTERVILLE RD, SUITE 400</b>																		
4b City, state, and ZIP code <b>WILMINGTON, DE 19808</b>	5b City, state, and ZIP code																		
6 County and state where principal business is located <b>NEW YORK, NEW YORK</b>																			
7a Name of principal officer, general partner, grantor, owner, or trustor <b>VAC MANDER</b>	7b SSN, ITIN, or EIN <b>139-70-1191</b>																		
8a Type of entity (check only one box) <table border="0"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp.</td> <td><input type="checkbox"/> National Guard</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> REMIC</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td></td> <td>Group Exemption Number (GEN) ▶</td> </tr> </table>		<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> State/local government	<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> REMIC		<input type="checkbox"/> Indian tribal governments/enterprises		Group Exemption Number (GEN) ▶
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8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>DELAWARE</b> Foreign country																		
9 Reason for applying (check only one box) <table border="0"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) ▶</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>		<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶								
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10 Date business started or acquired (month, day, year) <b>6/14/07</b>	11 Closing month of accounting year <b>DECEMBER</b>																		
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>7/1/07</b>																			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶	Agricultural Household Other <b>10</b>																		
14 Check one box that best describes the principal activity of your business. <table border="0"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental &amp; leasing</td> <td><input type="checkbox"/> Transportation &amp; warehousing</td> <td><input type="checkbox"/> Accommodation &amp; food service</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> <td><input type="checkbox"/> Wholesale-other</td> <td><input type="checkbox"/> Retail</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance &amp; insurance</td> <td><input checked="" type="checkbox"/> Other (specify) <b>SECURITY SYSTEMS</b></td> <td colspan="3"></td> </tr> </table>		<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) <b>SECURITY SYSTEMS</b>							
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>SECURITY SYSTEMS</b>																			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.																			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN																			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.																		
	Designee's name Address and ZIP code Designee's telephone number (include area code) Designee's fax number (include area code)																		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																			
Name and title (type or print clearly) ▶ <b>VAC MANDER, DIRECTOR</b>	Applicant's telephone number (include area code) <b>(212) 668-1700</b>																		
Signature ▶ 	Applicant's fax number (include area code) <b>(212) 668-1701</b>																		
Date ▶ <b>6/14/07</b>																			

 IRS AGENT ASSIGNING EIN ON THE  
 PHONE: MR. BRATHWAITE, ID# 2805726