


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F0100000470 1. Entity Name <b>ONWARD TECHNOLOGIES, INC.</b>	
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Principal Place of Business <b>30300 TELEGRAPH ROAD, STE 120          BINGHAM FARMS, MI 48025</b>	Mailing Address <b>30300 TELEGRAPH ROAD, STE 120          BINGHAM FARMS, MI 48025</b>
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02122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>94-3261978</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MEHTA, HARISH 30300 TELEGRAPH RD, STE 120 BINGHAM FARMS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KALE, HITENDRA 30300 TELEGRAPH RD, STE 120 BINGHAM FARMS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHTA, S H 30300 TELEGRAPH RD, STE 120 BINGHAM FARMS, MI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBOJ, GODFREY 30300 TELEGRAPH RD # 120 BINGHAM FARMS, MI 48025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000055277  
 02/17/04-80033-010 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G. Barboj* 02-12-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #