
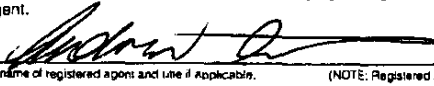
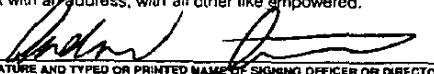


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

03-18-2004 90027 003 ***150.00

DOCUMENT # F0100006209					
1. Entity Name PACOM SYSTEMS (NORTH AMERICA) INC.					
Principal Place of Business 339 INTERSTATE BLVD ✓ SARASOTA FL 34240		Mailing Address 339 INTERSTATE BLVD ✓ SARASOTA FL 34240			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-2336000 ✓	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICKARD & ASSOCIATES 1000 N. ASHLEY DRIVE SUITE 101 TAMPA FL 33602			Name: <u>ANDREW GRIFFITH</u> Street Address (P.O. Box Number is Not Acceptable): <u>339 INTERSTATE BLVD</u> City: <u>SARASOTA</u> FL Zip Code: <u>34240</u>		
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: 			DATE: <u>4-21-04</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURRAN, PATRICK	NAME			
STREET ADDRESS	339 INTERSTATE BLVD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STROHFELDT, GREGORY	NAME			
STREET ADDRESS	339 INTERSTATE BLVD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRANG, EDWIN	NAME			
STREET ADDRESS	339 INTERSTATE BLVD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIES, HYWEL	NAME			
STREET ADDRESS	339 INTERSTATE BLVD	STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ORME, DAVID	NAME	M. J. SCOTT OLIVER		
STREET ADDRESS	339 INTERSTATE BLVD	STREET ADDRESS	339 INTERSTATE BLVD		
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP	SARASOTA, FL 34240		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BERGERON, MARC	NAME	M. Andrew Griffith		
STREET ADDRESS	339 INTERSTATE BLVD	STREET ADDRESS	339 INTERSTATE BLVD		
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP	SARASOTA, FL 34240		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			DATE: <u>3/12/04</u> 941 378 2523		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

00414316



MOORE CR2E034 (11/03)