2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F0300004997 1. Entity Name BIT SYSTEMS, INC.					01-26-2004 90060 044 ***150.00				
Principal Place of Business Mailing Address ≥200 SPRING STREET, SUITE 360 200 SPRING STREET, SUITE HERNDON, VA 20170 HERNDON, VA 20170			SUITE 360				-	: *	r .
2. Principal Place of Business		3. Mailing Address							
Suiter Apt-#reto:		Suite, Apt. #, etc.			01202004	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number 54-1	935727			Applicable
Zip	Country	Zip	у .	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent . ;					
DECISTED	DED ACENTS LEGAL SERVICE		Name						
REGISTERED AGENTS LEGAL SERVICES, INC. 1333 NORTH DUVAL STREET				Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32302				it					
				City Zip Code					
				FL					
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 7. Election Campaign Financing Trust Fund Contribution.					5.00 May Be dded to Fees				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS,	CHANGES TO OFF	CERS AND DIF	ECTORS	IN 11
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CITY-\$1-ZIP	HERNDON, VA 20170		CITY-S	ST-ZIP					
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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 cath: 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.									