


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005072
 1. Entity Name
MEDCOM/TRAINEX CO.



Principal Place of Business Mailing Address
6060 PHYLLIS DRIVE **6060 PHYLLIS DRIVE**
CYPRESS, CA 90630 US **CYPRESS, CA 90630 US**

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
33-0206450 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000139906
 04/29/04-80141-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MANLEY, JOHN
STREET ADDRESS	6060 PHYLLIS DRIVE
CITY-ST-ZIP	CYPRESS, CA
TITLE	P
NAME	GORUM, LARRY A
STREET ADDRESS	6060 PHYLLIS DRIVE
CITY-ST-ZIP	CYPRESS, CA
TITLE	V
NAME	MUECKE, PATRICIA A
STREET ADDRESS	6060 PHYLLIS DRIVE
CITY-ST-ZIP	CYPRESS, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-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 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: *Larry A. Gorum* **LARRY A. GORUM** 4/22/04 714-891-1443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #