## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

PATRICIA A. MELECKE, VP FINANCE

## FILED Apr 25, 2005 08:00 AM Secretary of State

1. Entity Nam MEDCO	M/TRAINEX CO.  The of Business M  LIS DRIVE	ailing Address 6060 PHYLLIS DRIVE CYPRESS, CA 90630 US		The scene like 1910 to the scene and the	cretary of State
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				04202005 No Chg-P  4. FEI Number 33-0206450  5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required whan reinstating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					
10,	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MANLEY, JOHN 6060 PHYLLIS DRIVE CYPRESS, CA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORUM, LARRY A 6060 PHYLLIS DRIVE CYPRESS, CA			(10 <b>0</b> 0) 94/25/0	90328723 5-8008 <b>9-0</b> 09 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUECKE, PATRICIA A 6060 PHYLLIS DRIVE CYPRESS, CA		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
name Street Address City-St-Zip		- Wheele will are a significant of			
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: 14/20/05 714-891-1443					