

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005623

FILED
Apr 27, 2004
Secretary of State

Entity Name: BERTEK, INC.

Current Principal Place of Business:

110 LAKE STREET
ST. ALBANS, VT 05478

New Principal Place of Business:

Current Mailing Address:

110 LAKE STREET
ST. ALBANS, VT 05478

New Mailing Address:

FEI Number: 03-0336833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEBONE, LOUIS J
Address: 781 CHESTNUT RIDGE ROAD
City-St-Zip: MORGANTOWN, WV 26505

Title: VD () Delete
Name: PUSKAR, MILAN
Address: 781 CHESTNUT RIDGE ROAD
City-St-Zip: MORGANTOWN, WV 26505

Title: T () Delete
Name: SPHAR, GARY
Address: 781 CHESTNUT RIDGE ROAD
City-St-Zip: MORGANTOWN, WV 26505

Title: S () Delete
Name: SOMMERS, LEAH L
Address: 781 CHESTNUT RIDGE ROAD
City-St-Zip: MORGANTOWN, WV 26505

Title: D () Delete
Name: O'DONNELL, JOHN P
Address: 781 CHESTNUT RIDGE ROAD
City-St-Zip: MORGANTOWN, WV 26505

Title: P () Delete
Name: GOVIL, SHARAD K
Address: 110 LAKE STREET
City-St-Zip: ST. ALBANS, VT 05478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KENNEDY, DAVID L
Address: 781 CHESTNUT RIDGE ROAD
City-St-Zip: MORGANTOWN, WV 26505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SUMMERS, LEAH L
Address: 781 CHESTNUT RIDGE ROAD
City-St-Zip: MORGANTOWN, WV 26505

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. KENNEDY

VP

04/27/2004

Electronic Signature of Signing Officer or Director

_____ Date