

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005037

FILED
Jan 06, 2004
Secretary of State

Entity Name: SAFEGATE AIRPORT SYSTEMS, INC.

Current Principal Place of Business:

7101 NORTHLAND CIRCLE
SUITE 203
BROOKLYN PARK, MN 55428

New Principal Place of Business:

Current Mailing Address:

7101 NORTHLAND CIRCLE
SUITE 203
BROOKLYN PARK, MN 55428

New Mailing Address:

FEI Number: 65-0303945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEEDS, MICHAEL H
BLANK ROME LLP
1200 N FEDERAL HWY, SUITE 417
BOCA RATON, FL 33432 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: C () Delete
Name: DAHL, BENGT
Address: JARNYXEGATAN 13
City-St-Zip: MALMO, SWEDEN,

Title: D () Delete
Name: HAMMARLUND, PER-OLOF
Address: JARNYXEGATAN 13
City-St-Zip: MALMO, SWEDEN,

Title: P () Delete
Name: DUFFY, THOMAS
Address: 7101 NORTHLAND CIRCLE
City-St-Zip: BROOKLYN PARK, MN 55428

Title: DVPS () Delete
Name: LEEDS, MICHAEL
Address: 1200 N FEDERAL HWY, SUITE 417
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: THOMAS DUFFY

P

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date