

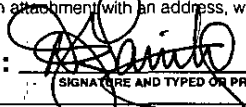


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90015 013 \*\*\*158.75

<b>DOCUMENT # F98000006431</b>					
1. Entity Name TELCO SYSTEMS, INC.					
Principal Place of Business 2 HAMPSHIRE ST., 3A FOXBORO, MA 02035 US			Mailing Address 2 HAMPSHIRE ST., 3A FOXBORO, MA 02035 US		
2. Principal Place of Business		3. Mailing Address		 07162004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 58-2425520				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROM, ZVI		NAME	Marom, Zvi	
STREET ADDRESS	22 HAMELACHA ST BLDG #4		STREET ADDRESS	P.O. Box 3737 Industrial Center	
CITY-ST-ZIP	ROSH HA'AYIN 48091 ISRAEL		CITY-ST-ZIP	Kfar Netzer, 40593 Israel	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAR-NER, OFER		NAME	Bar-Ner, Ofer	
STREET ADDRESS	2 HAMSHIRE ST.		STREET ADDRESS	P.O. Box 3737 Industrial Center	
CITY-ST-ZIP	FOXBORO, MA 02035		CITY-ST-ZIP	Kfar Netzer, 40593 Israel	
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, DAVID		NAME		
STREET ADDRESS	2 HAMPSHIRE ST.		STREET ADDRESS		
CITY-ST-ZIP	FOXBORO, MA 02035		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		DAVID J. GARRITY		V.P. FINANCE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		7/16/04	
		Daytime Phone #			