


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P08942	
1. Entity Name SCAN-OPTICS, INC.	

Principal Place of Business 169 PROGRESS DR MANCHESTER, CT 06040 US	Mailing Address 169 PROGRESS DR MANCHESTER, CT 06040 US
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07132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0851857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC MAVEL, JAMES C 169 PROGRESS DR MANCHESTER, CT 06040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARKE, LOGAN JR. 169 PROGRESS DR MANCHESTER, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COBURN, RICHARD J 169 PROGRESS DR MANCHESTER, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILTON, LYMAN C JR. 169 PROGRESS DR MANCHESTER, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRISWOLD, E. BULKELEY 169 PROGRESS CT MANCHESTER, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEELE, ROBERT H 169 PROGRESS DR MANCHESTER, CT

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07/20/04-80005-005 150.00

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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)(c), 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: Peter H Steele CFO Date: 7/15/04 Daytime Phone #: 860-645-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR