2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005398

1. Entity Name
CONTROL SYSTEMATION, INC.

Principal Place of Business	Mailing Address
2419 LAKE ORANGE DRIVE ORLANDO, FL 32837	41 RESEARCH WAY EAST SETAUKET, NY 11733

DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
82-0556410

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, GREG
2419 LAKE ORANGE DRIVE
ORLANDO, FL 32837

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 _____ 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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDERSON, GREG
STREET ADDRESS	2419 LAKE ORANGE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VP
NAME	KNOWLES, THOMAS
STREET ADDRESS	2419 LAKE ORANGE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	S
NAME	DIMAIO, CARMELA
STREET ADDRESS	41 RESEARCH WAY
CITY-ST-ZIP	EAST SETAUKET, NY 11733
TITLE	T
NAME	STUVEN, CAROL
STREET ADDRESS	41 RESEARCH WAY
CITY-ST-ZIP	EAST SETAUKET, NY 11733
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000094033
03/22/04-80043-002 150.00

DO NOT WRITE IN THIS SPACE

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: Carmela DiMaio CARMELA DIMAIO 3/16/04 631 784-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #