2004 FOR PROFIT CORPORATION

SIGNATURE:

Jul 06, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F03000006358 07-06-2004 90002 011 ***550.00 COHERENT SYSTEMS INTERNATIONAL, CORP. Mailing Address Principal Place of Business 54059840 21945 THREE NOTCH ROAD, SUITE 100 21945 THREE NOTCH ROAD, SUITE 100 LEXINGTON PARK, MD 20653 LEXINGTON PARK, MD 20653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07012004 Chg-P Applied For City & State City & State 4. FEI Number 52-229500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SVECZ, MIKE Street Address (P.O. Box Number is Not Acceptable) 2909 BAY TO BAY BLVD., SUITE 408 TAMPA, FL 33629 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. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Trust Fund Contribution.. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVC TITLE Delete TITLE Change ☐ Addition GREENBERG, ROBERT J NAME NAME STREET ADDRESS 21945 THREE NOTCH ROAD, SUITE 100 STREET ADDRESS CITY - ST - ZIP LEXINGTON PARK, MD 20653 CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition IANIERI, RICHARD S NAME NAME 21945 THREE NOTCH ROAD, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEXINGTON PARK, MD 20653 CiTY-ST-ZIP TITLE Addition TITLE ☐ Delete Change SVECZ, MIKE ... NAME: 21945 THREE NOTCH ROAD, SUITE 100 STREET ADDRESS STREET ADDRESS LEXINGTON PARK, MD 20653 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE WALTER, BRUCE A NAME NAME 21945 THREE NOTCH ROAD, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEXINGTON PARK, MD 20653 CITY-ST-ZIP TITLE ☐ Delete Change Addition LYTLÉ, JEFFREY L NAME NAME 21945 THREE NOTCH ROAD, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEXINGTON PARK, MD 20653 CITY-ST-ZIP Addition TITLE ☐ Change Delete TITLÉ 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

FILED

Daytime Phone #