

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000006358

1. Entity Name
COHERENT SYSTEMS INTERNATIONAL, CORP.



Principal Place of Business
21945 THREE NOTCH ROAD, SUITE 100
LEXINGTON PARK, MD 20653

Mailing Address
21945 THREE NOTCH ROAD, SUITE 100
LEXINGTON PARK, MD 20653



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2295005	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SVECZ, MIKE
2909 BAY TO BAY BLVD., SUITE 408
TAMPA, FL 33629

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000193879
01/28/05-80103-004 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVC GREENBERG, ROBERT J 21945 THREE NOTCH ROAD, SUITE 100 LEXINGTON PARK, MD 20653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPC IANIERI, RICHARD S 21945 THREE NOTCH ROAD, SUITE 100 LEXINGTON PARK, MD 20653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SVECZ, MIKE 21945 THREE NOTCH ROAD, SUITE 100 LEXINGTON PARK, MD 20653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WALTER, BRUCE A 21945 THREE NOTCH ROAD, SUITE 100 LEXINGTON PARK, MD 20653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYTLE, JEFFREY L 21945 THREE NOTCH ROAD, SUITE 100 LEXINGTON PARK, MD 20653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #