2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003
Secretary of State

DOCUMENT# P96000063106

Entity Name: CLW SYSTEMS, INC.

Current Principal Place of Business:

SCOTCH ROAD
MERCER COUNTY AIRPORT
TRENTON, NJ 08628

New Principal Place of Business:

Current Mailing Address:

SCOTCH ROAD
MERCER COUNTY AIRPORT
TRENTON, NJ 08628

New Mailing Address:

FEI Number: 65-0696089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBBS, KATHY
5265 N.W. 108TH AVENUE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LINEBARGER, LEON	
Address:	SCOTCH ROAD MERCER COUNTY AIRPORT	
City-St-Zip:	TRENTON, NJ 08628	
Title:	D	( ) Delete
Name:	OWINGS, BILL	
Address:	SCOTCH ROAD MERCER COUNTY AIRPORT	
City-St-Zip:	TRENTON, NJ 08628	
Title:	CP	( ) Delete
Name:	GOODSON, MICHAEL J.	
Address:	SCOTCH ROAD MERCER COUNTY AIRPORT	
City-St-Zip:	TRENTON, NJ	
Title:	S	( ) Delete
Name:	GRAVES, MICHELE	
Address:	SCOTCH ROAD MERCER COUNTY AIRPORT	
City-St-Zip:	TRENTON, NJ	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE GRAVES SEC 02/10/2003

Electronic Signature of Signing Officer or Director — Date