

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000602

**Entity Name:** COMTREX SYSTEMS CORPORATION

**Current Principal Place of Business:**

520 FELLOWSHIP ROAD  
SUITE E 508  
MOUNT LAUREL, NJ 08054

**Current Mailing Address:**

520 FELLOWSHIP ROAD  
SUITE E 508  
MOUNT LAUREL, NJ 08054 US

**FEI Number:** 22-2353604

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMMOND, RICHARD  
265 HUNT PARK COVE  
LONGWOOD, FL 32750 US

*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

**Officer/Director Detail :**

Title P  
Name MCLEAN, STUART  
Address 1 TANFIELD  
City-State-Zip: EDINBURGH

Title D  
Name HAMMOND, RICHARD  
Address 265 HUNT PARK COVE  
City-State-Zip: LONGWOOD FL 32750

Title D  
Name EDWARDS, PETER  
Address 1 TANFIELD  
City-State-Zip: EDINBURGH

Title D  
Name ROBERTS, STEVEN  
Address 2 GATWICK METRO CENTRE  
BALCOMB ROAD  
City-State-Zip: HORLEY SURREY

*I hereby 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 all other like empowered.*

**SIGNATURE:** RICHARD HAMMOND

**DIRECTOR**

01/11/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date