2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2004 08:00 AM **Secretary of State DOCUMENT # 355017** 1. Entity Name **OCRAM INC** Principal Place of Business Mailing Address 3334 WEATHERTOP WAY 3334 WEATHERTOP WAY ROSWELL, GA 30075 ROSWELL, GA 30075 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1274348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROOKS, CHRISTINE C DO NOT WRITE 6255 SW 126 STREET MIAMI, FL 33156 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VSD U00000012904 01/26/04-80031-002 150.00 BYRD, LYNN NAME STREET ADDRESS 5210 INTERBAY BLVD UNIT 3 CITY-ST-ZIP TAMPA, FL 33611 TITLE **VDAS** KING, LINDA L NAME STREET ADDRESS 3334 WEATHERBY WAY CITY-ST-ZIP ROSWELL, GA TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. It hereby certify that the information supplied with this filling 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 any address, withyall other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

121/04 Date

120-643-185 Daytime Phone #

FILED