2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# 370465

Entity Name: BEACON ELECTRONIC ASSOCIATES, INC.

Current Principal Place of Business:

5885 GLENRIDGE DRIVE, SUITE #200
ATLANTA, GA 30328 US

New Principal Place of Business:

Current Mailing Address:

5885 GLENRIDGE DRIVE, SUITE #200
ATLANTA, GA 30328 US

New Mailing Address:

FEI Number: 59-1305439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOULE BRUCE
2013 HERB COURT
TALLAHASSEE, FL 32312

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: P ( ) Delete
Name: SMITH, TERRY,
Address: 5881 GLENRIDGE DRIVE
City-St-Zip: ATLANTA, GA 00000,

Title: VD ( ) Delete
Name: FARRELL, MICHAEL J,
Address: 5881 GLENRIDGE DRIVE
City-St-Zip: ATLANTA, GA 00000,

Title: ST ( ) Delete
Name: PHOEBE L HILAND,
Address: 5881 GLENDRIDGE DRIVE, SUITE 230
City-St-Zip: ATLANTA, GA

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: SMITH, TERRY P
Address: 5885 GLENRIDGE DRIVE, SUITE 200
City-St-Zip: ATLANTA, GA 30328 US

Title: VD (X) Change ( ) Addition
Name: FARRELL, MICHAEL J
Address: 5885 GLENRIDGE DRIVE, SUITE 200
City-St-Zip: ATLANTA, GA 30328 US

Title: S (X) Change ( ) Addition
Name: CUVIELLO, PAMELA
Address: 5885 GLENRIDGE DRIVE, SUITE 200
City-St-Zip: ATLANTA, GA 30328 US

Title: P ( ) Change (X) Addition
Name: BORI, CARLOS P
Address: 5885 GLENRIDGE DRIVE, SUITE 200
City-St-Zip: ATLANTA, GA 30328 US

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: PAMELA CUVIELLO S 04/29/2004

Electronic Signature of Signing Officer or Director Date