2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 370465

FILED Apr 27, 2005 Secretary of State

Entity Name: BEACON ELECTRONIC ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business: 5885 GLENRIDGE DRIVE, SUITE #200 ATLANTA, GA 30328 **Current Mailing Address: New Mailing Address:** 5885 GLENRIDGE DRIVE, SUITE #200 ATLANTA, GA 30328 FEI Number: 59-1305439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOULE BRUCE 2013 HERB COURT TALLAHASSEE, FL 32312 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: SMITH, TERRY P Name: 5885 GLENRIDGE DRIVE, SUITE 200 Address: Address: City-St-Zip: ATLANTA, GA 30328 US City-St-Zip: Title: VD Title: () Delete () Change () Addition FARRELL, MICHAEL J Name: Name: 5885 GLENRIDGE DRIVE, SUITE 200 Address: Address: ATLANTA, GA 30328 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: CUVIELLO, PAMELA CUVIELLO, PAMELA J Name: Name: 5885 GLENRIDGE DRIVE, SUITE 200 5885 GLENRIDGE DRIVE, SUITE 200 Address: Address: City-St-Zip: ATLANTA, GA 30328 US City-St-Zip: ATLANTA, GA 30328 US Title: () Delete Title: () Change () Addition BORI, CARLOS P Name: Name: 5885 GLENRIDGE DRIVE, SUITE 200 Address: Address: City-St-Zip: ATLANTA, GA 30328 US 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: PAMELA J. CUVIELLO S 04/27/2005