

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # 525803 1. Entity Name GLOBAL DEFENSE PRODUCTS INC.	
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Principal Place of Business 5 MARINE VIEW PLAZA SUITE 310 HOBOKEN, NJ 07030 US	Mailing Address P O BOX 533 NEW YORK, NY 10011 US
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2888522	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent XL CORPORATE SERVICES, INC. 101 EAST COLLEGE AVENUE TALLAHASSEE, FL 32302
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

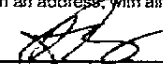
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FASSOULIS, S.G. 20 WATERSIDE PLAZA NY, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEVA, JOSEPH 757 ROLLING HILL DRIVE WESTWOOD, NJ 07675
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, LARRY 79 LIZ'S WAY MARTINSBURG, WV 25401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAN, CAROLE 20 WATERSIDE PLAZA 33A NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHLADEK, JAMES 20 WATERSIDE PLAZA NEW YORK, NY 10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/11/04-80036-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address with all other like empowered.

SIGNATURE:  **PRESIDENT** 2/6/04 201 792-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #