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.

Principal Place of Business	Mailing Address
5 MARINE VIEW PLAZA SUITE 310 HOBOKEN, NJ 07030 US	P O BOX 533 NEW YORK, NY 10011 US

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FASSOULIS, S.G.
STREET ADDRESS	20 WATERSIDE PLAZA
CITY-ST-ZIP	NY, NY 10010
TITLE	D
NAME	CEVA, JOSEPH
STREET ADDRESS	757 ROLLING HILL DRIVE
CITY-ST-ZIP	WESTWOOD, NJ 07675
TITLE	SD
NAME	THOMPSON, LARRY
STREET ADDRESS	79 LIZ'S WAY
CITY-ST-ZIP	MARTINSBURG, WV 25401
TITLE	D
NAME	DEAN, CAROLE
STREET ADDRESS	20 WATERSIDE PLAZA 33A
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	VD
NAME	CHLADEK, JAMES
STREET ADDRESS	20 WATERSIDE PLAZA
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

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