


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 847418 . . .

1. Entity Name
 COMTECH SYSTEMS OF DELAWARE, INC.



Principal Place of Business 2900 TITAN ROW SUITE 142 ORLANDO, FL 32809	Mailing Address 2900 TITAN ROW SUITE 142 ORLANDO, FL 32809
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1608396	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURT, RICHARD L
 2900 TITAN RD
 STE 142
 ORLANDO, FL 32809

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BURT, RICHARD 2900 TITAN ROW STE 142 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KORNBERG, FRED 105 BAYLIS RD. MELVILLE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUGLIELMO, AL 2900 TITAN ROW STE 142 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BREIDT, SAM 2900 TITAN ROW STE 142 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, ROBERT 2900 TITAN ROW STE 142 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSE, ROBERT 105 BAYLIS RD MELVILLE, NY

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 01/12/04-80039-012 158.75

DO NOT WRITE 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 life empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

Date: 1/9/04 _____ Daytime Phone # _____