

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847418

FILED
Mar 26, 2008
Secretary of State

Entity Name: COMTECH SYSTEMS OF DELAWARE, INC.

Current Principal Place of Business:

2900 TITAN ROW
SUITE 142
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

2900 TITAN ROW
SUITE 142
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-1608396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: PSD () Delete
Name: BURT, RICHARD,
Address: 2900 TITAN ROW STE 142
City-St-Zip: ORLANDO, FL 32809

Title: CD () Delete
Name: KORNBERG, FRED,
Address: 105 BAYLIS RD.
City-St-Zip: MELVILLE, NY

Title: V () Delete
Name: GUGLIELMO, AL
Address: 2900 TITAN ROW STE 142
City-St-Zip: ORLANDO, FL 32809

Title: GM () Delete
Name: CHOW, TOM
Address: 2900 TITAN ROW STE 142
City-St-Zip: ORLANDO, FL 32809

Title: V () Delete
Name: HUNTER, ROBERT
Address: 2900 TITAN ROW STE 142
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: ROUSE, ROBERT
Address: 105 BAYLIS RD
City-St-Zip: MELVILLE, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DON ROSE

D

03/26/2008

Electronic Signature of Signing Officer or Director

_____ Date