2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856184

Address:

1330 AVE. OF THE AMERICAS

City-St-Zip: NEW YORK, NY 10019

FILED Apr 12, 2004 Secretary of State

Entity Na	me: CAMSAV	/, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	E STREET ADDLE RIVER	NJ 07458 US		
Current N	lailing Addres	s:	New Mailing Address:	
1330 AVE	EN ZHANG- PE . OF THE AME RK, NY 10019			
FEI Number	: 13-0609560	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
1201 HAY SUITE 105	S STREET	ORATION COMPANY		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electron	ic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	OLDSEY, WILL ONE LAKE STR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	JOVANOVICH, ONE LAKE ST.	Delete PETER E RIVER, NJ 07458	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DANCY, ROBE ONE LAKE STR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	WERNER, GEO		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VPAS () WHARTON, TO	Delete M	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: WHARTON, TOM **VPAS** 04/12/2004