

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90034 021 ***150.00

DOCUMENT # F00000001297



1. Entity Name
SARCOM, INC. OF DELAWARE

Principal Place of Business
**8337-A GREEN MEADOWS DR N
LEWIS CENTER, OH 43035**

Mailing Address
**8337-A GREEN MEADOW DR N
LEWIS CENTER, OH 43035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272004

Chg-P

CR2E034 (10/03)

4. FEI Number
31-1052674

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILCOX, JAMES R
8405 PULSAR PLACE
COLUMBUS, OH 43240** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VOFS
ILER, KEVIN
8337-A GREEN MEADOWS DR N
LEWIS CENTER, OH 43035** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
STURGEON, JEFF
8337-A GREEN MEADOWS DR N
LEWIS CENTER, OH 43035** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SWEET, CHUCK
638 CARIAGE HILL LN
BOCA RATON, FL 33486** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLANNERY, KEVIN
1191 TILM RD
CHARLOTTESVILLE, VA 22901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
856 Havana Dr
Boca Raton, FL 33487** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**255 Farmington Dr
Charlottesville VA 22901** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFD/COO
Paula Miller
8337-A Green Meadows Dr N.
Lewis Center OH 43035** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA L. MILLER CFD/COO 2/3/04

Date

Daytime Phone #