

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90464 010 ***150.00

DOCUMENT # F00000003992

1. Entity Name
GUIDANCE PATHWAY SYSTEMS, INC.



Principal Place of E
170 TAPLEY STRI
STE B
SPRINGFIELD, MA

We've Moved
Guidance Pathway Systems, Inc.
34-40 Front Street, PO Box 51086
Indian Orchard, MA 01151
Phone: (413) 543-4757 Fax: (413) 543-4776

24074041



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3496718	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**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)
Signature, typed or printed name of registered agent and title if applicable: _____ 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	PTD
NAME	GOLBER, RICHARD
STREET ADDRESS	34 EAST GREENWICH ROAD
CITY- ST- ZIP	LONGMEADOW, MA 01106

TITLE	S
NAME	GABERMAN, RICHARD M
STREET ADDRESS	217 ARDLSEY ROAD
CITY- ST- ZIP	LONGMEADOW, MA 01106

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: **Richard Golber** 1/23/04 413-732-4152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #