## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004782

Entity Name: SARCOM DESKTOP SOLUTIONS, INC.

FILED Mar 22, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8337-A GREEN MEADOWS DR N LEWIS CENTER, OH 43035 **Current Mailing Address: New Mailing Address:** 8337-A GREEN MEADOW DR N LEWIS CENTER, OH 43035 FEI Number: 52-2251528 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition ANGART, ROBERT Name: MILLER, PAULA Name: 8337-A GREEN MEADOW DR N 8337-A GREEN MEADOW DR N Address: Address: City-St-Zip: LEWIS CENTER, OH 43035 City-St-Zip: LEWIS CENTER, OH 43035 Title: Title: () Delete (X) Change ( ) Addition Name: SWEET, CHUCK Name: SWEET, CHARLES 856 HAVANA DR. 856 HAVANA DR. Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: BOCA RATON, FL 33487 ( ) Delete Title: (X) Change ( ) Addition CFO Title: STURGEON, JEFF SCINTO, MICHAEL Name: Name: 40 WALL STREET, 25TH FLOOR 8337-A GREEN MEADOWS DR. N. Address: Address: LEWIS CENTER, OH 43035 City-St-Zip: NEW YORK, NY 10005 City-St-Zip: Title: () Delete Title: () Change () Addition WILCOX, JAMES R Name: Name: Address: 8405 PULSAR PLACE Address: City-St-Zip: COLUMBUS, OH 43240 City-St-Zip: Title: Title: ( ) Delete () Change () Addition FLANNERY, KEVIN Name: Name: 1191 TILM RD Address: Address: City-St-Zip: CHARLOTTESVILLE, VA 22901 City-St-Zip:

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.

SIGNATURE: ROBERT ANGART CFO 03/22/2005