2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2004 8:00 am Secretary of State

DOCUMENT # F00000006 1. Enlity Name MOBILITY TECHNOLOGIES, INC.		07-26-2004	1 90004 024 ***558.75	
Principal Place of Business 851 DUPORTAIL ROAD, SUITE 220 WAYNE, PA 19087	Mailing Address 851 DUPORTAIL ROAD, S WAYNE, PA 19087	UITE 220		54064840
2. Principal Place of Business	rincipal Place of Business 3. Mailing Address			
Suite, Apt. #, etc.			07072004 Chg-P C	R2E034 (10/03)
City & State	City & State		4. FEI Number 25-1823631	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Regist	·
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address (P.O. Box Number is Not Acceptable)	
1 Billytion, 12 00024		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				
FILE NOW!!! FEE IS \$550:00 - 9-Election Campaign Financing - \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution.				
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICER	IS AND DIRECTORS IN 11
TITLE VSTD NAME JANNETTA, DAVID L STREET ADDRESS 851 DUPORTAIL ROAD, SUITE WAYNE, PA 19087	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE DCEO NAME ALEXANDER, DOUG STREET ADDRESS 851 DUPORTAIL ROAD, SUITE CITY-ST-ZIP WAYNE, PA 19087	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	the state of the s	Change Addition
NAME D DENINO, MARK STREET ADDRESS 851 DUPORTAIL ROAD, SUITE CITY-ST-ZIP WAYNE, PA 19087	☐ Delete	IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE VP NAME MCDEVITT, JIM STREET ADDRESS CITY-ST-ZIP WAYNE, PA 19087	220	TITLE NAME STREET ADDRESS CITY:SL-ZIP	Finance 11 Winaud Load 1 Dupor fail Load Wagne PA 190	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CCO Robert Werrath Robert Werrath Robert Duportait Robert D	Wayne 12A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Duportail Road agre PA 19087	☐ Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nis Rother Road Dufortail Road ague PA 19087	☐ 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 supplier that I am an officer or director of the corporation or the receiver of 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, withyall other the empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date				