## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000002473

City-St-Zip:

Entity Name: SECULOIA VOTING SYSTEMS

FILED Feb 04, 2004 Secretary of State

Entity Name: SEQUOIA VOTING SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7677 OAKPORT ST. SUITE 800 OAKLAND, CA 94621 **Current Mailing Address: New Mailing Address:** 100 POWERS COURT STERLING, VA 20166 FEI Number: 37-1274619 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 () Change () Addition GRAHAM, TRACEY Name: Name: 7677 OAKPORT ST. #800 Address: Address: City-St-Zip: OAKLAND, CA 94621 City-St-Zip: Title: Title: () Delete () Change () Addition MCMANEMY, PETER Name: Name: 7677 OAKPORT ST. #800 Address: Address: OAKLAND, CA 94621 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: FLOREDGE, TROY ELDREDGE, TROY Name: Name: 100 POWERS COURT 100 POWERS COURT Address: Address: City-St-Zip: STERLING, VA 20166 City-St-Zip: STERLING, VA 20166 Title: () Delete Title: ( ) Change (X) Addition KERR, SAMUEL Name: Name: Address: Address: 7677 OAKPORT ST.#800

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.

City-St-Zip:

OAKLAND, CA 94621

SIGNATURE: TROY S ELDREDGE DIR 02/04/2004