2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005
Secretary of State

DOCUMENT# F01000003249

Entity Name: CRS RETAIL SYSTEMS, INC.

Current Principal Place of Business:

15 GOVERNOR DRIVE
NEWBURGH, NY 12550

New Principal Place of Business:

Current Mailing Address:

15 GOVERNOR DRIVE
NEWBURGH, NY 12550

New Mailing Address:

FEI Number: 14-1624962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: FROMMER, KATHY
Address: 15 GOVERNOR DRIVE
City-St-Zip: NEWBURGH, NY 12550

Title: S ( ) Delete
Name: KENNEDY, MARIANNA
Address: 15 GOVERNOR DRIVE
City-St-Zip: NEWBURGH, NY 12550

Title: V ( ) Delete
Name: SWANWICK, KEVIN
Address: 15 GOVERNOR DRIVE
City-St-Zip: NEWBURGH, NY 12550

Title: T ( ) Delete
Name: MOCCIO, ANTHONY
Address: 15 GOVERNOR DRIVE
City-St-Zip: NEWBURGH, NY 12550

Title: P ( ) Delete
Name: SOLADAY, ED
Address: 15 GOVERNOR DRIVE
City-St-Zip: NEWBURGH, NY 12550

Title: D ( ) Delete
Name: BARNDS, THOMAS
Address: 15 GOVERNOR DRIVE
City-St-Zip: NEWBURGH, NY 12550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ANTHONY J MOCCIO CFO 07/11/2005

Electronic Signature of Signing Officer or Director Date