


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90027 041 \*\*\*150.00

<b>DOCUMENT # F01000003729</b>	
<b>1. Entity Name</b> VIRYANET, INC.	

<b>Principal Place of Business</b> 2 WILLOW ST. SOUTHBOROUGH MA 01745	<b>Mailing Address</b> 2 WILLOW ST. SOUTHBOROUGH MA 01745
---	---

44013710



MOORE CR2E034 (11/03)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 04-3224746	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

<b>6. Name and Address of Current Registered Agent</b>  BLUMBERG EXCELSIOR CORP. SERVICES, INC. 4435 OLD WINTER GARDEN RD. ORLANDO FL 32811
---

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> CD <b>NAME</b> HACOHEN, SAMUEL <b>STREET ADDRESS</b> 2 WILLOW ST. <b>CITY-ST-ZIP</b> SOUTHBOROUGH MA 01745	<input type="checkbox"/> Delete
<b>TITLE</b> PCEO <b>NAME</b> BURKE, WIN <b>STREET ADDRESS</b> 2 WILLOW ST. <b>CITY-ST-ZIP</b> SOUTHBOROUGH MA 01745	<input type="checkbox"/> Delete
<b>TITLE</b> CFO <b>NAME</b> GABRIELLI, ABLERT <b>STREET ADDRESS</b> 2 WILLOW ST. <b>CITY-ST-ZIP</b> SOUTHBOROUGH MA 01745	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> BURKE, WIN <b>STREET ADDRESS</b> 2 WILLOW STREET <b>CITY-ST-ZIP</b> SOUTHBOROUGH MA 01745	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** Win Burke **3/3/04 508-490-8600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #