

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004222

**FILED  
Jul 02, 2004  
Secretary of State**

**Entity Name:** DATA TRANSFORMATION CORP.

**Current Principal Place of Business:**

ONE PENN PLAZA, SUITE 4515  
NEW YORK, NY 10119

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PENN PLAZA, SUITE 4515  
NEW YORK, NY 10119

**New Mailing Address:**

**FEI Number:** 13-2636886      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNG, WILLIAM  
5050 TIMBER LANE  
COCOA, FL 32926      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: THRASH, ANDREW  
Address: 345 W. 145TH STREET  
City-St-Zip: NEW YORK, NY 10031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANDREW THRASH

P

07/02/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date