# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2004**
**Secretary of State**

DOCUMENT# F01000004326

**Entity Name:** COMPUTER NETWORK INTEGRATORS CORPORATION

**Current Principal Place of Business:**

394 ELM STREET
MILFORD, NH 03055

**New Principal Place of Business:**

**Current Mailing Address:**

394 ELM STREET
MILFORD, NH 03055

**New Mailing Address:**

**FEI Number: 02-0441901** **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: PD ( ) Delete
Name: DICKINSON, JON
Address: 12 CHESTERFIELD PLACE
City-St-Zip: BEDFORD, NH 03110

Title: VTD ( ) Delete
Name: SNOW, SCOTT
Address: 50 OLD TEMPLE RD
City-St-Zip: LYNDEBORO, NH 03082

Title: S ( ) Delete
Name: HOWARD, ROBERT R III
Address: 10 MAIN STREET
City-St-Zip: HENNIKER, NH

Title: D ( ) Delete
Name: GOLD, MICHAEL
Address: 19545 SATURNIA LAKES DR.
City-St-Zip: BOCA RATON, FL 33498

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

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

Title: VTD (X) Change ( ) Addition
Name: SNOW, SCOTT
Address: 233 OLD TEMPLE RD WEST
City-St-Zip: LYNDEBORO, NH 03082

Title: S (X) Change ( ) Addition
Name: HOWARD, ROBERT R III
Address: 30 MAPLE STREET
City-St-Zip: HENNIKER, NH

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: JON DICKINSON PD 01/07/2004

Electronic Signature of Signing Officer or Director — Date