2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005
Secretary of State

DOCUMENT# F01000006359

Entity Name: H&W COMPUTER SYSTEMS, INC.

Current Principal Place of Business:

6154 NORTH MEEKER PLACE, STE 100
BOISE, ID 83713

New Principal Place of Business:

6154 NORTH MEEKER PLACE
SUITE 100
BOISE, ID 83713

Current Mailing Address:

PO BOX 46019
BOISE, ID 83711

New Mailing Address:

FEI Number: 82-0536903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PCD ( ) Delete
Name: CHAFFIN, MARY E
Address: 6154 N MEEKER PL STE 100
City-St-Zip: BOISE, ID 83713

Title: VSD ( ) Delete
Name: CHAFFIN, DARWIN B
Address: 6154 N MEEKER PL STE 100
City-St-Zip: BOISE, ID 83713

Title: V ( ) Delete
Name: WEIR, CHARLES H
Address: 6154 N MEEKER PL STE 100
City-St-Zip: BOISE, ID 83713

Title: V (X) Delete
Name: BENNETT, LAYNE C
Address: 6154 N MEEKER PL STE 100
City-St-Zip: BOISE, ID 83713

Title: V ( ) Delete
Name: KROLL, KENNETH S
Address: 6154 N MEEKER PL STE 100
City-St-Zip: BOISE, ID 83713

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:

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: MARY E CHAFFIN PCD 03/03/2005

Electronic Signature of Signing Officer or Director — Date