# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 05, 2008 8:00 am**
**Secretary of State**
05-05-2008 90227 011 ***150.00

DOCUMENT # F02000000121

1. Entity Name
DATUM FILING SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 89 CHURCH RD.<br>EMIGSVILLE, PA 17318-0355 | PO BOX 355<br>EMIGSVILLE, PA 17318-0355 |

04142008 Chg-P CR2E034 (12/08)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. # etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 11-2156739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DEMPSEY, SCOTT<br>5826 BRICKELL DR.<br>NORTH POINT, FL 34287 | Name: Michael Hambrecht<br>Street Address (P.O. Box Number is Not Acceptable)<br>6245 Bahama Court<br>City: Orange Park FL Zip Code: 32065 |

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: [signature] 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changed) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $600.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>POTTER, THOMAS<br>3656 CIMMERON RD<br>YORK, PA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VSD<br>POTTER, STEPHEN<br>2422 WEDGEWOOD DR<br>YORK, PA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>POTTER, WILLIAM<br>3840 STONEWEDGE DR.<br>YORK, PA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED Date