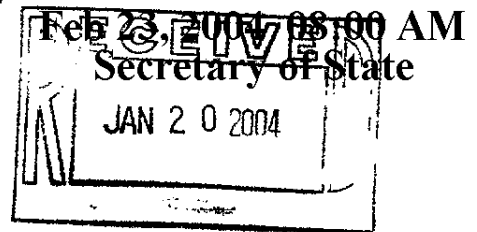


2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED



DOCUMENT # F02000000124 1. Entity Name COMPANION SYSTEMS, INC.	
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Principal Place of Business I-20 @ ALPINE ROAD COLUMBIA, SC 29219	Mailing Address I-20 @ ALPINE ROAD COLUMBIA, SC 29219
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DO NOT WRITE IN THIS SPACE

01202004	No Chg-P CR2E034 (10/03)
4. FEI Number 58-2372167	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000061535 02/23/04-800891007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLOWAY, HARVEY I-20 @ ALPINE ROAD COLUMBIA, SC 27211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEIN, CRAIG F I-20 @ ALPINE ROAD COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V METZE, DERYL I-20 @ ALPINE ROAD COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHENEY, SCOTT I-20 @ ALPINE ROAD COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATS KINARD, TERESA C I-20 @ ALPINE ROAD COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEICHTLE, ROBERT A I-20 @ ALPINE ROAD COLUMBIA, SC

DO NOT WRITE
IN THIS SPACE

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: <u>Jeresa C. Kinard Teresa Kinard</u> 1/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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