2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001527

1. Entity Name
SFI ELECTRONICS, INC.

Principal Place of Business	Mailing Address
400A CLANTON RD CHARLOTTE, NC 28217	PO BOX 11275 CHARLOTTE, NC 28220-1275

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1186278
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMITT, PATTY
1411 N WESTSHORE BLVD STE 211
TAMPA, FL 33607

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	O'BRIEN, LAWRENCE J JR
STREET ADDRESS	1020 EUCLID AVE
CITY-ST-ZIP	CHARLOTTE, NC 28203
TITLE	DT
NAME	WATSON, ROBERT C
STREET ADDRESS	1020 EUCLID AVE
CITY-ST-ZIP	CHARLOTTE, NC 28203
TITLE	DS
NAME	CLARK, DONALD W
STREET ADDRESS	3932 LAKESHORE RD S
CITY-ST ZIP	DENVER, NC 28037
TITLE	D
NAME	RUSSELL, HEATHER
STREET ADDRESS	1020 EUCLID AVE
CITY ST ZIP	CHARLOTTE, NC 28203
TITLE	VP
NAME	COPELAND, MARSHALL T
STREET ADDRESS	400 CLANTON RD STE A PO BOX 11275
CITY-ST-ZIP	CHARLOTTE, NC 282201275
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000002150
01/13/04-80001-022 150.00

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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: Marshall T Copeland, VP 1-6-2004 704-522-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marshall T. Copeland