


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001896 1. Entity Name ECTEL INC.	
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Principal Place of Business 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	Mailing Address 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1330674	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DENIS, CHRIS 1201 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHECH, AHARON 18 HASIVIM STREET PETAH TIKVA 49130 ISRAEL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RUBINSTEIN, AVI 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KLEINSTEIN, ARIK 22527 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/28/04-80052-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employment.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #