2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02000001896						FILED
ECTEL INC.					FILED	
		•		TOST	04 D	EC 13 PM 2: 03
Principal Place of Business Mailing Address					SECR	RETARY OF STATE .
22527 GATEWAY CENTER DRIVE 22527 GATEWAY CENTER DRI CLARKSBURG, MD 20871 CLARKSBURG, MD 20871					TALL,	RETARY OF STATE + AHASSEE, FLORIDA
2. Principal P	lace of Business	3. Mailing Address				
82/1 W B COWARD BLVD 82/1 W B COW Suite, Apt. #, etc. Suite, Apt. #, etc.			owald	BUIL		il maille Bhaidh (1904 10410 10420 6117001 le 1001
460					11032004 Chg-P	CR2E034 (10/03)
FT. LAUDERDACE FL City & State LAUDER			EDAC	ع.	 FEI Number 52-1330674 	Applied For Not Applicable
3333	24 USA	^{zip} 33324	Country	P	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current F				7. Name and Address of New R	legistered Agent
DENIS CHRIS DENIS-RODRIGUEZ, CHRIS Name						
1201 W C	YPRESS CREEK RD - 82// ERDALE, FL 33300 3332	-W-BLOWALD	CUD Street A	ddress:(I	P:O:Box Number is Not Acceptable	9)
FT. LAUDI	ERDALE, FL. BOOOD 3952	4. 7				
	. Λ		City			FL Zip Code
8. The above named exity supmits 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.						
(de la						
SIGNATURE Signature, typed or printed name of registered agent and title if and icable. (NOTE: Registered Agent signature required when reinstating) DATE						
		9. Election Campaign	n Financing	\$5	00 May Be	
Am	ended AR is \$61.25	Trust Fund Contrib		Add	ed to Fees	
10.	OFFICERS AND (11.	On-	ADDITIONS/CHANGES TO OFF	
TITLE NAME	P SHECH, AHARON	Oelete	TITLE NAME		SIDENT AN NAOL	Change
STREET ADDRESS	18 HASIVIM STREET		STREET ADDRESS	43	HASIVIM STRE	ET
CITY-ST-ZIP	PETAH TIKVA 49130 ISRAEL,		CITY-ST-ZIP	PET	AH TIKVA 49	511 ISEAEC
TITLE NAMÉ	RUBINSTEIN, AVI	Delete	TITLE NAME	SE	GOLDSTEIN.	Change 🗖 Addition
STREET ADDRESS	22527 GATEWAY CENTER DRIV	E	STREET ADDRESS	82/	w. Begunes	BUND.
CITY-ST-ZIP	CLARKSBURG, MD 20871		CITY-ST-ZIP	FT	LANDEL DACE	PL 33324
TITLE NAME	ST KLEINSTEIN, ARIK	Delete	TITLE NAME		RETARY SAR SOLOMON	Change Addition
STREET ADDRESS	22527 GATEWAY CENTER DRIV	Ė	STREET ADDRESS	43	HASIVIM STE	ET
CITY-ST-ZIP	CLARKSBURG, MD 20871		CITY-ST-ZIP	PET	TAH TIKVA 495	
TITLE			NAME		ASURER———————————————————————————————————	
STREET ADDRESS		•	STREET ADDRESS	43	HASIVIM STEER	FO 0051
CITY - ST - ZIP		□ p.t	CITY-ST-ZIP	TET I	44 71KVA 495	Change C Addition
TITLE NAME		☐ Delete	TITLE NAME		3000428	Change ☐ Addition☐
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		3000428 11/17/0401030	J004 **61.25
TITLE		☐ Delete	CITY-ST-ZIP TITLE		\	Change Addition
NAME			NAME		X.C	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	certify that the information supplied with	this filing/does not qualify for t	CITY-ST-ZIP	ted in Se	ction 119.07(3)(i) Florida Statutos	I further certify that the information
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 receivenor 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.						
changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRIJITED NAME OF SIGNING OFFICER OF DIRECTOR 1/1/20/1/20/1/20/1/20/1/20/1/20/1/20/1/						
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OF	UPRECTO //	60	ASTEN Date	Daylime Phone #
					SLVP &	CFO