2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001915

FILED Feb 20, 2004 Secretary of State

| Entity Name: DEPLOYMENT PARTNERS, INC. | | | | | | | |
|---|---|---------------------------------|---|--|---------------------------|--------------|--|
| Current P | rincipal Plac | e of Business: | New Princ | New Principal Place of Business: | | | |
| 9400 MAC IRVING, T | ARTHUR BL' X 75063 | VD STE 637 | | | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | | |
| 9400 MACARTHUR BLVD STE 637 IRVING, TX 75063 | | | | 9975 WADSWORTH PKWY, K2-148 WESTMINSTER, CO 80021 | | | |
| FEI Number | : 75-2834157 | FEI Number Applied For () | FEI Number Not App | licable () | Certificate of Status Des | sired () | |
| Name and | l Address of | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | | |
| 4650 YACI NAPLES, I | | | purpose of changing | its registered c | office or registered age | nt, or both, | |
| SIGNATU | | | | | | | |
| | Electro | onic Signature of Registered A | gent | | Date | | |
| Election Car | mpaign Financi | ng Trust Fund Contribution (). | | | | | |
| OFFICER | S AND DIRE | CTORS: | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | STOUT, DEBE | THUR BLVD STE 637 | Title: Name: Address: City-St-Zip: | STOUT, DEBBI | HUR BLVD STE 637 | | |
| Title: Name: Address: City-St-Zip: | VP (GRAVES, RAI 1615 SOUTH SPRINGVILLE | 350 EAST | Title: Name: Address: City-St-Zip: | P (X GRAVES, RANI 1615 SOUTH 3 SPRINGVILLE, | 50 EAST | | |
| Title: Name: Address: City-St-Zip: | VP (BARNICLE, S 2715 S BAME ATLANTA, GA | Υ | Title: Name: Address: City-St-Zip: | () |) Change ()Addition | | |
| Title: Name: Address: City-St-Zip: | STOUT, MICH | I POINT CIRCLE | Title: Name: Address: City-St-Zip: | |) Change ()Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDY GRAVES Ρ 02/20/2004