

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001921

FILED
Sep 05, 2005
Secretary of State

Entity Name: SFS INTEC, INC.

Current Principal Place of Business:

SPRING STREET & VAN REED ROAD
WYOMISSING, PA 19610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6326
WYOMISSING, PA 19610

New Mailing Address:

FEI Number: 23-2332520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORY, CHRISTOPHER
16409 BRIDGE END ROAD
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MULLEN, MICHAEL A
Address: SPRING STREET & VAN REED ROAD
City-St-Zip: WYOMISSING, PA 19610

Title: V () Delete
Name: MARTINI, GARY P
Address: SPRING STREET & VAN REED ROAD
City-St-Zip: WYOMISSING, PA 19610

Title: T () Delete
Name: MYERS, TIMOTHY
Address: SPRING ST & VAN REED ROAD
City-St-Zip: WYOMISSING, PA 19610

Title: V () Delete
Name: MURRAY, ERIC D
Address: SPRING ST & VAN REED RD
City-St-Zip: WYOMISSING, PA 19610

Title: V () Delete
Name: BREU, JENS
Address: 5201 PORTSIDE DR
City-St-Zip: MEDINA, OH 44256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY MYERS

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09/05/2005

Electronic Signature of Signing Officer or Director

Date