2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000186

Address:

City-St-Zip:

Entity Name: ARMOR SYSTEMS CORPORATION

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2322 N GREEN BAY ROAD WAUKEGAN, IL 60087 **Current Mailing Address: New Mailing Address:** 2322 N GREEN BAY ROAD WAUKEGAN, IL 60087 FEI Number: 36-3200353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ROBERTSON, RAYMOND HARPER ROBERTSON, RAYMOND HARPER Name: Name: 2322 N GREEN BAY ROAD 2322 N GREEN BAY ROAD Address: Address: City-St-Zip: WAUKEGAN, IL 60087 City-St-Zip: WAUKEGAN, IL 60087 VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: LUDWIG, KATHERINE ARLI Name: ROBERTSON, KATHERINE ARLI 2322 N GREEN BAY ROAD 2322 N GREEN BAY ROAD Address: Address: WAUKEGAN, IL 60087 City-St-Zip: City-St-Zip: WAUKEGAN, IL 60087 Title: Title: () Delete () Change () Addition AMANN, SHARON F Name: Name: 2322 N GREEN BAY ROAD Address: Address: City-St-Zip: WAUKEGAN, IL 60087 City-St-Zip: Title: () Delete Title: TREA () Change (X) Addition EDER, JOHN C Name: Name:

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.

Address:

City-St-Zip:

2322 N GREEN BAY RD

WAUKEGAN, IL 60087

SIGNATURE: SHARON F AMANN **PRES** 04/04/2005