

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90017 028 \*\*\*158.75

**DOCUMENT # F03000000861**

1. Entity Name  
**ERGOTECH CONTROLS, INC.**



Principal Place of Business  
**16415 ADDISON ROAD, SUITE 425  
ADDISON, TX 75001**

Mailing Address  
**INDUSTRIAL NETWORKING SOLUTIONS  
P.O. BOX 540  
ADDISON, TX 75001**

**54007623**



2. Principal Place of Business  
**16415 Addison Road**  
Suite, Apt. #, etc.  
**Suite 550**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Addison, TX 75001**

City & State

Zip  
**75001**

Country  
**USA**

Zip

Country

01172004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**75-2778067**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**KUTCH, PAUL J  
3051 EAGLE LAKE DRIVE  
ORLANDO, FL 32837**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. ☐

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **WORAM, STEPHEN**  
STREET ADDRESS **P.O. BOX 540**  
CITY-ST-ZIP **ADDISON, TX 75001**

TITLE **P** ☐ Delete  
NAME **FINLEY, MICHAEL**  
STREET ADDRESS **P.O. BOX 540**  
CITY-ST-ZIP **ADDISON, TX 75001**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael Finley**

Date

**2/11/04**

**972-248-7466**

Daytime Phone #