

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002965

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: DOVER ENGINEERED SYSTEMS, INC.

## Current Principal Place of Business:

20 TRAFALGAR SQUARE  
SUITE 612  
NASHUA, NH 03063

## New Principal Place of Business:

## Current Mailing Address:

20 TRAFALGAR SQUARE  
SUITE 612  
NASHUA, NH 03063

## New Mailing Address:

FEI Number: 39-1766586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LIVINGSTON, ROBERT  
Address: 20 TRAFALGAR SQUARE, SUITE 612  
City-St-Zip: NASHUA, NH 03063

Title: VTS ( ) Delete  
Name: CALLAHAN, THOMAS  
Address: 20 TRAFALGAR SQUARE, SUITE 612  
City-St-Zip: NASHUA, NH 03063

Title: V ( ) Delete  
Name: POMPETZKI, GEORGE  
Address: 280 PARK AVENUE, FLR 34-W  
City-St-Zip: NEW YORK, NY 100171292

Title: V ( ) Delete  
Name: MOYLE, JAMES  
Address: HIGHLAND OAKS I, 1100 W. 31 ST, SUITE 520  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: V ( ) Delete  
Name: SPURGEON, WILLIAM  
Address: HIGHLAND OAKS I, 1100 W. 31 ST., SUITE 520  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: ASAT ( ) Delete  
Name: DEMONICO, JOHN  
Address: 20 TRAFALGAR SQUARE  
City-St-Zip: NASHUA, NH 03063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOGLUND, RAYMOND  
Address: 20 TRAFALGAR SQUARE, SUITE 612  
City-St-Zip: NASHUA, NH 03063

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 exemption stated in Chapter 119, 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: JOHN DEMONICO

ASAT

03/11/2009

Electronic Signature of Signing Officer or Director

Date