

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003284

FILED
Mar 31, 2005
Secretary of State

Entity Name: FBC COMPUTER SYSTEMS, INC.

Current Principal Place of Business:

3006 RESEARCH DR.
STATE COLLEGE, PA 16801

New Principal Place of Business:

100 OAKWOOD AVENUE
SUITE 700
STATE COLLEGE, PA 16803

Current Mailing Address:

3006 RESEARCH DR.
STATE COLLEGE, PA 16801

New Mailing Address:

100 OAKWOOD AVENUE
SUITE 700
STATE COLLEGE, PA 16803

FEI Number: 25-1539168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PC () Delete
Name: BUCHART, SCOTT
Address: 1327 DEERFIELD DR.
City-St-Zip: STATE COLLEGE, PA 16803

Title: ST () Delete
Name: BUCHART, LYNN
Address: 1327 DEERFIELD DR.
City-St-Zip: STATE COLLEGE, PA 16805

Title: D (X) Delete
Name: BUCHART, JOHN
Address: 5575 PHEASANT RUN RD.
City-St-Zip: YORK, PA 17406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: BUCHART, LYNN
Address: 1327 DEERFIELD DR.
City-St-Zip: STATE COLLEGE, PA 16803

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: LYNN MF BUCHART

ST

03/31/2005

Electronic Signature of Signing Officer or Director

Date