## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 19, 2004 8:00 am Secretary of State DOCUMENT # F03000004144 03-19-2004 90061 005 \*\*\*150.00 **CML EMERGENCY SERVICES, INC.** CML TECHNOLOGIES. Principal Place of Business Mailing Address **64065075** 75 BLVD. DE LA TECHNOLOGIE 75 BLVD. DE LA TECHNOLOGIE GATINEAU QUEBEC CANADA, J8Z3G-4 GATINEAU QUEBEC CANADA, J8Z3G-4 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 74-2933998 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ŊΡ ☐ Change ☐ Addition TITLE ☐ Delete TITLE ROBERTSON, JEFF NAME NAME STREET ADDRESS 75 BLVD. DE LA TECHNOLOGIE STREET ADDRESS GATINEAU QUEBEC CANADA, J8Z3G4 CITY-ST-ZIP CITY-ST-ZIP TITLE DST ☐ Delete TITLE ☐ Change ☐ Addition JEFFREY, DAVID NAME NAME STREET ADDRESS 75 BLVD. DE LA TECHNOLOGIE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GATINEAU QUEBEC CANADA, J8Z3G4 ☐ Change ■ Addition TITLE ☐ Delete ROBERTS, DOUG NAME NAME 75 BLVD. DE LA TECHNOLOGIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GATINEAU QUEBEC CANADA, J8Z3G4 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

AE OF SKING OFFICER OR DIRECTOR DAVID JEFFREY CHIEF FINANCIAL OFFICER

SIGNATURE: \_