


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000095830 1. Entity Name CML TECHNOLOGIES CORPORATION	
--	---

Principal Place of Business
75 BOUL. DE LA TECHNOLOGIE
GATINEAU, QUEBEC, 18Z3G-4

Mailing Address
75 BOUL. DE LA TECHNOLOGIE
GATINEAU, QUEBEC, 18Z3G-4



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2933998	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAMILTON, LEE 11800 31ST COURT NORTH ST. PETERSBURG, FL 337161805
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CASE, GREGORY 445 PARK AVENUE 11TH FLOOR NEY YORK, NY 10022
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PANYKO, STEVE 75 BOUL. DE LA TECHNOLOGIE GATINEAU, QUEBEC, 18Z3G4
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT JEFFREY, DAVID 75 BOUL. DE LA TECHNOLOGIE GATINEAU, QUEBEC, 18Z3G4
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

100000184975
01/20/05-80054-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #