

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007188

1. Entity Name
COMPANION TECHNOLOGIES CORPORATION



Principal Place of Business
8901 FARROW ROAD
COLUMBIA, SC 29203

Mailing Address
P.O. BOX 100114
COLUMBIA, SC 29202

DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number
57-0811606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 title if applicable

(NOTE: Registered Agent signature required when re-certifying)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CCEO
SELLERS, M. EDWARD
8901 FARROW ROAD
COLUMBIA, SC 29203

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GALLOWAY, HARVEY J JR
8901 FARROW ROAD
COLUMBIA, SC 29203

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KLEIN, CRAIG F
8901 FARROW ROAD
COLUMBIA, SC 29203

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
METZE, CRAIG F
8901 FARROW ROAD
COLUMBIA, SC 29203

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HUDDLE, CATHY
8901 FARROW ROAD
COLUMBIA, SC 29203

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAT
KINART, TERESA C
8901 FARROW ROAD
COLUMBIA, SC 29203

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07/13/05-80002-014 150.00

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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)(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:

Jose C. Lind

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05

Daytime Phone #