## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002897

Entity Name: CTR SYSTEMS ACCESS CONTROL, INC.

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
THORNHILL INDUSTRIAL PARK 555 KEYSTONE DRIVE WARRENDALE, PA 15086	THORNHILL INDUSTRIAL PARK 555 KEYSTONE DRIVE WARRENDALE, PA 15086 US
Current Mailing Address:	New Mailing Address:
THORNHILL INDUSTRIAL PARK 555 KEYSTONE DRIVE WARRENDALE, PA 15086	THORNHILL INDUSTRIAL PARK 555 KEYSTONE DRIVE WARRENDALE, PA 15086 US
FEI Number: 20-0884623 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	
The above named entity submits this statement for the puin the State of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Ager	nt Date
Election Campaign Financing Trust Fund Contribution().	

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCD (X) Change ( ) Addition Title: ( ) Delete Title: DUFFY, DRU W DUFFY, DRU W Name: Name: THORNHILL INDUSTRIAL PK, 555 KEYSTONE DR. THORNHILL INDUSTRIAL PK, 555 KEYSTONE DR. Address: Address: City-St-Zip: WARRENDALE, PA 15086 City-St-Zip: WARRENDALE, PA 15086 US ( ) Delete Title: Title: (X) Change ( ) Addition DUFFY, DENNIS P DUFFY, DOUGLAS R Name: Name: Address: Address: THORNHILL INDUSTRIAL PK, 555 KEYSTONE DR. THORNHILL INDUSTRIAL PK, 555 KEYSTONE DR. WARRENDALE, PA 15086 WARRENDALE, PA 15086 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: DUFFY, DOUGLAS R Name: THORNHILL INDUSTRIAL PK, 555 KEYSTONE DR. Address: Address: City-St-Zip: WARRENDALE, PA 15086 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DRU W. DUFFY PRES 01/06/2006