## 2006 FOR PROFIT CORPORATION

## May 04, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F05000004261 05-04-2006 90228 042 \*\*\*150.00 1. Entity Name ELECTROGRAPH SYSTEMS, INC. Principal Place of Business Mailing Address 50 MARCUS BOULEVARD 50 MARCUS BOULEVARD HAUPPAUGE, NY 11788 HAUPPAUGE, NY 11788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E034 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INCORPORATING SERVICES, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1540 GLENWAY DRIVE TALLAHASSEE, FL 32301 Zip Code FL 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Secretary / Director TITLE ☐ Delete TITLE TAYLOR, SAM NAME NAME STREET ADDRESS 50 MARCUS BOULEVARD STREET ADDRESS HAUPPAUGE, NY 11788 CITY-ST-ZIP CITY-ST-ZIP TITLE **S**Delete TITLE Addition ☐ Change STEINBERG, BARRY R NAME NAME STREET ADDRESS 50 MARCUS BOULEVARD STREET ADDRESS CITY-ST-ZIP HAUPPAUGE, NY 11788 CITY-ST-ZIP VC ☐ Change TITLE Delete TITLE ■ Addition COLLINS, SETH NAME NAME STREET ADDRESS 50 MARCUS BOULEVARD STREET ADDRESS HAUPPAUGE, NY 11788 CITY-ST-ZIP CITY-ST-ZIP & CEO & Director ☐ Delete TITLE Addition TITLE Change Alan marc Smith NAME 50 Marcus Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NA 11188 Hanppange ☐ Defete TITLE Change **X** Addition TITLE rank lincks NAME NAME Marcus STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hauppauge NY Delete ☐ Change TITLE TITLE Director **X** Addition NAME NAME Frederick Iseman

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Ohapter 119, 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.

STREET ADDRESS

SIGNATURE: Frank Lincks

STREET ADDRESS

Blud.

50 marcus

**FILED** 

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000004261  1. Entity Name ELECTROGRAPH SYSTEMS, INC.						ATTACHMENT				
Principal Place of Business 50 MARCUS BOULEVARD HAUPPAUGE, NY 11788		Mailing Address 50 MARCUS BOULEVARD HAUPPAUGE, NY 11788			<i>F</i>	H0084253				
2. Principal F	lace of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	(11/05)		
City & State		City & State	City & State		4. FEI Numb	er 1-3378	1997	<u> </u>	plied For t Applicable	
Zip	Country	Zìp	Count	try		of Status Desired	\$8	3.75 Add e Required		
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New	Registered Age	ent		
INCORPORATING SERVICES, LTD., INC. 1540 GLENWAY DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
	SSEE, FL 32301									
				City			FL	Zip Code	)	
	named entity submits this statemen	t for the purpose of changing	its registere	ed office or reg	istered agent, or bo	th, in the State of		niliar with,	and accept	
•	ions of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable. (I	NOTE: Registered	d Agent signature re	quired when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55	9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees					
10.	OFFICERS AI	ND DIRECTORS	11.		ADDITIONS	CHANGES TO O				
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indicated of the cor changed,	certify that the information supplied on this report or supplemental report or supplemental report or on an attachment with an address	rt is true and accurate and th inpowered to execute this rep	at my signat ort as requir	ure shall have	the same legal effective	ct as if made unde	r oath: that I am a	an officer	or director	
SIGNAT	URE: SIGNATURE AND TYPED O	OR PRINTED NAME OF BIGNING OFFI	CER OR DIRECT	OR		Date	Daytin	ne Phone #		