2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F05000004261

1. Entity Name

ELECTROGRAPH SYSTEMS, INC.



Principal Place of Business

50 MARCUS BOULEVARD HAUPPAUGE, NY 11788

Mailing Address

50 MARCUS BOULEVARD HAUPPAUGE, NY 11788

FILED May 08, 2008 08:00 AN Secretary of State



04152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 11-3372997 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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PLANTATION, FL 33324			*, .	IN	THIS SPACE.
	named entity submits this statement for the ptions of registered agent.	urpose of changing its registere	d office or	registered agent, or bo	oth, in the State of Florida I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000950148 06/03/08-80056-018 150.00
10.	OFFICERS AND DIREC	TORS			Section 19 to 19 t
TITLE	PSD			è	
NAME	TAYLOR, SAM				
STREET ADDRESS	50 MARCUS BOULEVARD				
CITY-SI-ZIP	HAUPPAUGE, NY 11788		9		11 种 与各种等于原本
TITLE	CEO				
NAME	SMITH, ALAN M				
STREET ADDRESS	50 MARCUS BLVD				
CITY-ST-ZIP	HAUPPAUGE, NY 11788				
TITLE	CFO				
NAME STREET ADDRESS	LINCKS, FRANK 50 MARCUS BLVD			,	
CITY-ST-ZIP	HAUPPAUGE, NY 11788			DO	NOT WRITE
TITLE	D				` ' '
NAME	ISEMAN, FREDERICK			IN	THIS SPACE
STREET ADDRESS	50 MARCUS BLVD			*	with the state of
CITY-ST-ZIP	HAUPPAUGE, NY 11788			,	<i>₩</i>
TITLE	SEC				4
NAME	RAFFIANI, JEANNE				
STREET ADDRESS	50 MARCUS BLVD				
CITY-ST-ZIP	HAUPPAUGE, NY 11788				

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

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

Win-

FRANK LINCKS

4/11/08

631-951-7888

Date

Daytime Phone #