

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001704

FILED
May 15, 2006
Secretary of State

Entity Name: PAR GOVERNMENT SYSTEMS CORPORATION

Current Principal Place of Business:

8383 SENECA TURNPIKE
NEW HARTFORD, NY 134134991 US

New Principal Place of Business:

Current Mailing Address:

8383 SENECA TURNPIKE
NEW HARTFORD, NY 134134991 US

New Mailing Address:

FEI Number: 14-1672579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAMMON, JOHN W
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

Title: P () Delete
Name: LANE, ALBERT JR
Address: 314 S JAY ST
City-St-Zip: ROME, NY 13440

Title: D () Delete
Name: CONSTANTINO, CHARLES A
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

Title: S () Delete
Name: CORTESE, GREGORY T
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY

Title: T () Delete
Name: CASCIAO, RONALD J
Address: 8383 SENECA TURNPIKE
City-St-Zip: NEW HARTFORD, NY 13413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: RONALD J. CASCIAO

T

05/15/2006

Electronic Signature of Signing Officer or Director

_____ Date