## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000003050

Entity Name: CLAIRCOM EQUIPMENT CORPORATION

FILED Jun 14, 2005 Secretary of State

Littly Nai	He. CLAIR	COM EQUIPMENT	CORFORATION				
Current Principal Place of Business:				New Principal Place of Business:			
1100 2ND SUITE 500 SEATTLE,				RTC 1	H AVENUE NI D, WA 98052	Ξ	
Current Mailing Address:				New Mailing Address:			
PO BOX 9' REDMONI	7061 D, WA 9807	73		RTC 1	H AVENUE NI D, WA 98052	≣	
FEI Number:	91-1609029	FEI Number App	lied For ( ) FEI Nu	mber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current Register	ed Agent:	Name and	Address of N	New Registered Agent:	
1200 SOU	ORATION S TH PINE IS ON, FL 333	LAND RD.					
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.							
SIGNATUR	RE:						
	Elect	ronic Signature of R	egistered Agent			Date	_
Election Car	npaign Finan	cing Trust Fund Contri	bution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	PD MCCABE, J 150 MT. AIR BASKING R	RY ROAD IDGE, NJ 07920		Title: Name: Address: City-St-Zip: Title:	SIGMAN, STAN 5565 GLENRIC ATLANTA, GA	OGE CONNECTOR 30342	
Name: Address: City-St-Zip:	LANDIS, GF	I AVENUE NE		Name: Address: City-St-Zip:	DE LA VEGA, F	GE CONNECTOR	
Title: Name: Address: City-St-Zip:		( ) Delete IN, TIMOTHY L I AVENUE NE WA 98052		Title: Name: Address: City-St-Zip:	FOLEY, SEAN	) Change ()Addition DGE CONNECTOR 30342	
Title: Name: Address: City-St-Zip:	SEC BRODD, MA 7277 164TH REDMOND,	I AVENUE NE		Title: Name: Address: City-St-Zip:	TACKER, CAR	GE CONNECTOR	
Title:	CEO	(X) Delete		Title:	( )	) Change ()Addition	

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

Name:

Address:

City-St-Zip:

SIGNATURE: SUZANNE F. LIFFRING ASEC 06/14/2005

NELSON, CHRISTOPHER E

SEATTLE, WA 98101

1100 SECOND AVE., SUITE 500

Name:

Address:

City-St-Zip: