

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90050 003 ***150.00

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1. Entity Name
CSC CYBERTEK CORPORATION



Principal Place of Business

**1 PMSC CENTER
BLYTHEWOOD, SC 29016**

Mailing Address

**2100 E. GRAND AVENUE
TAX DEPT
EL SEGUNDO, CA 90245**



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4114831

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COOK, JAMES D
STREET ADDRESS 2100 EAST GRAND AVE
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE DST
NAME GILMORE, LOU ANNE
STREET ADDRESS 9500 ARBORETUM BLVD
CITY-ST-ZIP AUSTIN, TX 78759

TITLE VPT
NAME KEANE, MICHAEL E
STREET ADDRESS 2100 EAST GRAND AVE
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE VPS
NAME FISK, HAYWARD D
STREET ADDRESS 2100 EAST GRAND AVE
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE AT
NAME FLYNN, TIMOTHY
STREET ADDRESS 2100 EAST GRAND AVE
CITY-ST-ZIP EL SEGUNDO, CA 90245

TITLE T
NAME IRVIN, THOMAS R
STREET ADDRESS 2100 EAST GRAND AVE
CITY-ST-ZIP EL SEGUNDO, CA 90245

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy R. Flynn

04/25/07

Date

310.615.0311

Daytime Phone #