

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90027 033 ***150.00

DOCUMENT # F96000005729

1. Entity Name
DOVER ELECTRONICS, INC.



Principal Place of Business
**267 LOWELL ROAD
HUDSON, NH 03051**

Mailing Address
**267 LOWELL ROAD
HUDSON, NH 03051**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112005

Chg-P

CR2E034 (10/03)

4. FEI Number

16-1420936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LIVINGSTON, ROBERT**
STREET ADDRESS **267 LOWELL RD.**
CITY-ST-ZIP **HUDSON, NH 03051**

TITLE **S** ☒ Delete
NAME **MARSHALL, PETER J**
STREET ADDRESS **20 HAWLEY ST 6TH FLOOR**
CITY-ST-ZIP **BINGHAMTON, NY 13901**

TITLE **VP** ☐ Delete
NAME **HAJEL, RICK**
STREET ADDRESS **7 WILSON RD.**
CITY-ST-ZIP **WINDHAM, NH 03087**

TITLE **D** ☒ Delete
NAME **MEESE, GERHARD**
STREET ADDRESS **107 E. HAMPTON RD.**
CITY-ST-ZIP **BINGHAMTON, NY 13903**

TITLE **V** ☐ Delete
NAME **GALLAHAN, THOMAS**
STREET ADDRESS **5 SADDLE LANE**
CITY-ST-ZIP **GROTON, MA 01450**

TITLE **C** ☒ Delete
NAME **TOMASZEWSKI, ALINE**
STREET ADDRESS **3 GLENWOOD ROAD**
CITY-ST-ZIP **WINDHAM, NH 03087**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **ANDREW GATES**
STREET ADDRESS **267 LOWELL Rd**
CITY-ST-ZIP **HUDSON, NH 03051**

TITLE **ASST. SECRETARY** ☐ Change ☒ Addition
NAME **JOHN DEMONICO**
STREET ADDRESS **267 LOWELL Rd**
CITY-ST-ZIP **HUDSON, NH 03051**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RONALD HOFFMAN**
STREET ADDRESS **280 PARK AVENUE**
CITY-ST-ZIP **NY NY 10017**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **THOMAS REECE**
STREET ADDRESS **280 PARK AVENUE**
CITY-ST-ZIP **NY NY 10017**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ROBERT TYRE**
STREET ADDRESS **280 PARK AVENUE**
CITY-ST-ZIP **NY NY 10017**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JOHN POMEROY**
STREET ADDRESS **20 HAWLEY ST.**
CITY-ST-ZIP **BINGHAMTON, NY 13901**

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

John Demonico **John Demonico**

3/11/05

603-578-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #