


**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 <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1; 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LIVINGSTON, ROBERT	NAME	ANDREW GATES		
STREET ADDRESS	267 LOWELL RD.	STREET ADDRESS	267 LOWELL Rd		
CITY-ST-ZIP	HUDSON, NH 03051	CITY-ST-ZIP	HUDSON, NH 03051		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARSHALL, PETER J	NAME	JOHN DEMONICO		
STREET ADDRESS	20 HAWLEY ST 6TH FLOOR	STREET ADDRESS	267 LOWELL Rd		
CITY-ST-ZIP	BINGHAMTON, NY 13901	CITY-ST-ZIP	HUDSON, NH 03051		
TITLE	VP <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAJEL, RICK	NAME	RONALD HOFFMAN		
STREET ADDRESS	7 WILSON RD.	STREET ADDRESS	280 PARK AVENUE		
CITY-ST-ZIP	WINDHAM, NH 03087	CITY-ST-ZIP	NY NY 10017		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MEESE, GERHARD	NAME	THOMAS REECE		
STREET ADDRESS	107 E. HAMPTON RD.	STREET ADDRESS	280 PARK AVENUE		
CITY-ST-ZIP	BINGHAMTON, NY 13903	CITY-ST-ZIP	NY NY 10017		
TITLE	V <input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GALLAHAN, THOMAS	NAME	ROBERT TYRE		
STREET ADDRESS	5 SADDLE LANE	STREET ADDRESS	280 PARK AVENUE		
CITY-ST-ZIP	GROTON, MA 01450	CITY-ST-ZIP	NY NY 10017		
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOMASZEWSKI, ALINE	NAME	JOHN POMEROY		
STREET ADDRESS	3 GLENWOOD ROAD	STREET ADDRESS	20 HAWLEY ST.		
CITY-ST-ZIP	WINDHAM, NH 03087	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: <u>John Demonico</u>		Date: <u>3/11/05</u>		Daytime Phone #: <u>603-578-4030</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					