


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000001895	
1. Entity Name SMARTDISK CORPORATION	

Principal Place of Business 12780 WESTLINKS DRIVE FORT MYERS, FL 33913	Mailing Address 12780 WESTLINKS DRIVE FORT MYERS, FL 33913
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0733580	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

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BATTAGLIA, MICHAEL S 12780 WESTLINKS DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHER, ADDISON M 12780 WESTLINKS DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOMLINSON, TIMOTHY 200 PAGE MILL RD, 2ND FLOOR PALO ALTO, CA 94306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IBARGUEN, ANTHONY 800 THE SAFEGUARD BLDG, 435 DEVON PARK WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO QUINN, PETER 12780 WESTLINKS DRIVE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMPOURIS, EMMANUEL A VAN BEUREN ROAD MORRISTOWN, NJ 07960

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01/23/04-80022-002 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

01/13/04

Date

239-435-4020

Daytime Phone #