2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90003 005 ***550.00

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1. Entity Name
BESAM AUTOMATED ENTRANCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
~~84 TWIN RIVERS DRIVE~~ 2140 Priest Bridge Court Suite 7 ~~HIGHSTOWN, NJ 08520~~ Suite 7 Crofton, MD 21114	~~84 TWIN RIVERS DRIVE~~ ~~HIGHSTOWN, NJ 08520~~ 2140 Priest Bridge Court Suite 7 Crofton, MD 21114

54056984

02202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2140 Priest Bridge Court Suite 7	2140 Priest Bridge Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Crofton, MD ?	Suite 7
City & State	City & State
21114 USA	Crofton, MD
Zip / Country	Zip / Country
	21114 USA

4. FEI Number 06-0921379 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB ARU, PETER 84 TWIN RIVERS DRIVE HIGHSTOWN, NJ 08520	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB VARGUES, JUAN 2140 Priest Bridge Court Suite 7 Crofton, MD 21114	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD BELLIVEAU, PAUL M 84 TWIN RIVERS DRIVE HIGHSTOWN, NJ 08520	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2140 Priest Bridge Court Suite 7 Crofton, MD 21114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD BRUNO, ANTHONY J 84 TWIN RIVERS DRIVE HIGHSTOWN, NJ 08520	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2140 Priest Bridge Court Suite 7 Crofton, MD 21114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERNSTEIN, DANIEL L 90 PARK AVE NEW YORK, NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2140 Priest Bridge Court Suite 7 Crofton, MD 21114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FISHER, MICHAEL 84 TWIN RIVERS DRIVE HIGHTSTOWN, NJ 08520	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2140 Priest Bridge Court Suite 7 Crofton, MD 21114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAMPBELL, BRUCE 84 TWIN RIVERS DRIVE HIGHTSTOWN, NJ 08520	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2140 Priest Bridge Court Suite 7 Crofton, MD 21114	☒ Change ☐ Addition

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: _____ 05/15/04 443-270-3600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #