

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000546

FILED  
Aug 30, 2007  
Secretary of State

Entity Name: SYPRIS DATA SYSTEMS, INC.

**Current Principal Place of Business:**

160 EAST VIA VERDE RD.  
SAN DIMAS, CA 91773

**New Principal Place of Business:**

**Current Mailing Address:**

160 EAST VIA VERDE RD.  
SAN DIMAS, CA 91773

**New Mailing Address:**

101 BULLITT LANE  
SUITE 450  
LOUISVILLE, KY 40222

FEI Number: 16-1314952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBERTSON, DARRELL  
Address: 160 EAST VIA VERDE RD.  
City-St-Zip: SAN DIMAS, CA 917735120

Title: V ( ) Delete  
Name: DAVIS, RICHARD L  
Address: 101 BULLITT LANE  
City-St-Zip: LOUISVILLE, KY 40222

Title: ST ( ) Delete  
Name: ALLEN, ANTHONY C  
Address: 101 BULLITT LANE  
City-St-Zip: LOUISVILLE, KY 40222

Title: C ( ) Delete  
Name: GILL, JEFFREY T  
Address: 101 BULLITT LANE  
City-St-Zip: LOUISVILLE, KY 40222

Title: VP ( ) Delete  
Name: BELAK, CYNTHIA  
Address: 160 EAST VIA VERDE RD.  
City-St-Zip: SAN DIMAS, CA 917735120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ALLEN, ANTHONY C  
Address: 101 BULLITT LANE  
City-St-Zip: LOUISVILLE, KY 40222

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY C. ALLEN

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08/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date