

FILED
May 03, 2005 08:00
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000004166

1. Entity Name
MRA SYSTEMS, INC.



Principal Place of Business
11300 WESTMOOR CIR.
WESTMINSTER, CO 80021-2741

Mailing Address
P.O. BOX 2216
STE 300
SCHENECTADY, NY 12301-2216



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2063267

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinitiating)

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	DV
NAME	SAMUELS, JOHN M
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	D
NAME	BUNT, JAMES R
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	D
NAME	AMEEN, PHILIP
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	T
NAME	SEEGAL, RHONDA L
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	AT
NAME	BUCHANAN, MARK
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431
TITLE	S
NAME	HEALING, ROBERT E
STREET ADDRESS	3135 EASTON TURNPIKE
CITY-ST-ZIP	FAIRFIELD, CT 06431

U00000360031
05/05/05-80016-022 150.00

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IN THIS SPACE**

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:

BARBARA A. CAMERON VP/ASST. TREAS 4/19/05

518-433-433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #