2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005595

Entity Name: GLORE DATA SYSTEMS I

FILED Jul 23, 2004 Secretary of State

Entity Name: GLOBE DATA SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 300 CONSTANCE DRIVE WARMINSTER, PA 18974 **Current Mailing Address: New Mailing Address:** 300 CONSTANCE DRIVE WARMINSTER, PA 18974 FEI Number: 23-2323153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: KRAUSE, MADDALENA Name: 300 CONSTANCE DR Address: Address: City-St-Zip: WARMINSTER, PA 18974 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PULEO, ROBERT Name: 30 CONSTANCE DR Address: Address: WASMINSTER, PA 18974 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SCOLNICK, GLENN FUTTERKNECHT, JAMES Name: Name: 8888 KEYSTONE CROSSING #690 8888 KEYSTONE CROSSING #1210 Address: Address: City-St-Zip: INDIANAPOLIS, IN 46240 City-St-Zip: INDIANAPOLIS, IN 46240 Title: () Delete Title: () Change () Addition CRISMAN, FORREST E JR Name: Name: Address: 230 PARK AVENUE SUITE 1616 Address: City-St-Zip: NEW YORK, NY 10169 City-St-Zip: Title: Title: () Delete COO () Change (X) Addition Name: Name: HICKS, RANDY L Address: DEBENCE DRIVE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

FRANKLIN, PA 16323

SIGNATURE: MADDALENA KRAUSE CTS 07/23/2004

City-St-Zip: