## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000436

FILED Jan 24, 2005 Secretary of State

Entity Name: INDUSTRIAL CONTROL SYSTEMS OF VIRGINIA, INC.

Current Principal Place of Business: New Principal Place of Business:

20 WEST WILLIAMSBURG ROAD SANDSTON, VA 23150

Current Mailing Address: New Mailing Address:

20 WEST WILLIAMSBURG ROAD SANDSTON, VA 23150

FEI Number: 54-1139796 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:

HORINEK, SHARON WISE, SANDRA 10301 NW 18TH PLACE 315 REDWOOD LANE

PLANTATION, FL 33322 US JACKSONVILLE, FL 32259 US

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: SANDRA WISE 01/24/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP ( ) Delete Title: CP (X) Change ( ) Addition

 Name:
 ROMERS, MARK W
 Name:
 ROMERS, MARK W

 Address:
 4670 EAST WILLIAMSBURG ROAD
 Address:
 305 GREEN HOLLOW LANE

 City-St-Zip:
 SANDSTON, VA 23150
 City-St-Zip:
 SANDSTON, VA 23150

Title: VCVP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BURKE, STEVE A
 Name:

 Address:
 7670 DOWDY DRIVE
 Address:

 City-St-Zip:
 RICHMOND, VA 23231
 City-St-Zip:

Title: DS ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BURKE, KATHY R
 Name:

 Address:
 7670 DOWDY DRIVE
 Address:

 City-St-Zip:
 RICHMOND, VA 23231
 City-St-Zip:

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.

SIGNATURE: KATHY R. BURKE DS 01/24/2005