


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90269 013 \*\*\*150.00

<b>DOCUMENT # F99000003867</b> 1. Entity Name <b>ACCO ENGINEERED SYSTEMS, INC.</b>					
Principal Place of Business <b>6265 SAN FERNANDO RAOD GLENDALE, CA 91204</b>			Mailing Address <b>6265 SAN FERNANDO RAOD GLENDALE, CA 91204</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03122004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>95-1625123</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>C-T-CORPORATION-SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HUFF, DONALD S</b> <b>216 RIDGE TRAIL RD</b> <b>BOZEMAN, MT 59715</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AVERSANO, JOHN</b> <b>11960 VARA PLACE</b> <b>GRANADA HILLS, CA 91344</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ARMANN, STEVEN R</b> <b>17222 S.E. 329TH ST.</b> <b>AUBURN, WA 98092</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BOYSEN, THOMAS C</b> <b>437-154th AVENUE S.E.</b> <b>BELLEVUE, WA 98007</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>HITZEMANN, DOUGLAS R</b> <b>7183 SAPPADA PLACE</b> <b>ALTA LOMA, CA 91701</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAS</b> <b>BROWN, ROBERT A</b> <b>6146 TAPIA DRIVE</b> <b>MALIBU, CA 90265</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GOODMAN, MILTON L</b> <b>28852 N. PEPPER PLACE</b> <b>SANTA CLARITA, CA 91350</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Douglas R. Hitzemann</i> DOUGLAS R. HITZEMANN    4/7/04    818-244-6571</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					