


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # F99000003867                         |  |
| 1. Entity Name<br>ACCO ENGINEERED SYSTEMS, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>6265 SAN FERNANDO ROAD<br>GLENDALE, CA 91204 | Mailing Address<br>6265 SAN FERNANDO ROAD<br>GLENDALE, CA 91204 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>95-1625123                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| 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 reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>HUFF, DONALD S<br>216 RIDGE TRAIL RD<br>BOZEMAN, MT 59715             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>AVERSANO, JOHN<br>11960 VARA PLACE<br>GRANADA HILLS, CA 91344         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>BOYSEN, THOMAS C<br>437-154 AVE SE<br>BELLEVUE, WA 98007             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>HITZEMANN, DOUGLAS R<br>7183 SAPPADA PLACE<br>ALTA LOMA, CA 91701    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TAS<br>BROWN, ROBERT A<br>6146 TAPIA DRIVE<br>MALIBU, CA 90265             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>GOODMAN, MILTON L<br>28852 N. PEPPER PLACE<br>SANTA CLARITA, CA 91350 |

**DO NOT WRITE  
IN THIS SPACE**

1100000143322  
01/25/05-80056-002 150.00

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.

SIGNATURE: 1000000143322 1/19/04 818-244-6571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #