2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2004 8:00 am Secretary of State

DOCUMENT # H15850 1. Entity Name MODUS OSI TECHNOLOGIES, INC.	en e			02-11-2004	90035 031 ***158	3.75
Principal Place of Business 1200 N. FEDERAL HWY	Mailing Address 1200 N. FEDERAL HWY SUITE 200 BOCA RATON, FL 3343	 2 US		188) Supu (219) Aug 220	114020	 4 18 1 4 1 89 1
2. Principal Place of Business 3. Mailing Address 21218 ST. AND REW BLVD, Suite, Apt. #, etc. Suite. Apt. #, etc.			01192004	Chg-P	CR2E034 (10/03)	
City & State	tate City & State				······································	pplied For
BOCA PATON FLORIDA	BOCA PATT		4. FEI Number 59-2447			ot Applicable
Zip Country 3 3 4 3.5 3.A. 6. Name and Address of Current I	33433	Country	_L	f Status Desired	\$8.75 Add Fee Require	
o. Name and Address of Current	registered Agent	Name	7. Haine and 7	Address of New P	negistered Agent	
MOODY, STEVE E. 1333 S UNIVERSITY DR. PLANTATION, FL 33324			s (P.O. Box Number is Not Acceptable)			
-		City			FL Zip Cod	e e
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agents	L PRESIDE	~		, in the State of Flo	orida. I am familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		5.00 May Be dded to Fees			-
10. OFFICERS AND I		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
NAME WILLNER, ERICH R. SIREET ADDRESS 1200 N. FEDERAL HWY, SUITE 2 CDF-S1-ZIP BOCA RATON, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME SIREET ADDRESS CITY-\$1-ZIF	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CYTY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET AUDRESS CITY-ST-ZIP	1 1 (M ₁ ,	-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. I nereby certify that the information supplied with this 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR DIRECTO