


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90020 013 ***150.00

DOCUMENT # H96250 1. Entity Name TMESYS, INC.					
Principal Place of Business 175 KELSEY LANE TAMPA, FL 33619 US			Mailing Address PO BOX 959 VALLEY FARGO, CA 92868 US		
2. Principal Place of Business 175 Kelsey Lane		3. Mailing Address 1300 Morris Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Chesterbrook, PA		4. FEI Number 59-3143128	
Zip 33619		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 19087		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCF WEIDNER, DAVID 175 KELSEY LANE TAMPA, FL 33619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Pres + CFO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SHIELDS, WILLIAM G 175 KELSEY LANE TAMPA, FL 33619	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / SVP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SCHEELS, JOHN 175 KELSEY LANE TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + Asst Secretary Richard M. Greenhall 175 Kelsey Lane Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS SPRAGUE, WILLIAM D 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP + Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 190875594	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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.					
SIGNATURE: <u><i>Daniel T. Hirst</i></u> DANIEL T. HIRST 3/23/2005 610 727-7000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					