


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90049 045 \*\*\*158.75

DOCUMENT # J46829 1. Entity Name ESSEX COMPUTER SERVICE, INC.	
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Principal Place of Business 1901 W. CYPRESS CREEK RD 420 FORT LAUDERDALE, FL 33309 US	Mailing Address 12140 WOODCREST EXECUTIVE DR. SUITE 300 SAINT LOUIS, MO 63141 US
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**DO NOT WRITE IN THIS SPACE**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0000098	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOVA, STEPHEN R 2300 COTTONDALE DR STE 250 LITTLE ROCK, AR 72202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINWOOD, MICHAEL F 2300 COTTONDALE DR. STE 250 LITTLE ROCK, AR 72202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HLIDSON, JIM 2300 COTTONDALE DR STE 250 LITTLE ROCK, AR 72202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDANIEL, RON 2300 COTTONDALE DR STE 250 LITTLE ROCK, AR 72202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER TIMOTHY O'BRYAN 12140 WOODCREST EXEC. DR., SUITE 300 ST. LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Timothy O'Bryan 1/6/06 314-682-0048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #