2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N04000007657

Entity Name: CENTER FOR INTEGRATED TRANSPORTATION SAFETY AND SECURITY, INC.

Current Principal Place of Business:

600 S. CLYDE MORRIS BLVD.
CORSAIR BLDG.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

600 S. CLYDE MORRIS BLVD.
CORSAIR BLDG.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 20-1449855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MILLER, STEPHEN
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Delete
Name: HIRSCH, ROBERT
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Delete
Name: O'CONNER, ED
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Delete
Name: SMITH, DAVE
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Delete
Name: MORRIS, RON
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Delete
Name: LEARY, JAMES
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RIOLA, JAMES J
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES J RIOLA D 05/06/2005

Electronic Signature of Signing Officer or Director — Date