## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P01000022214** 1. Entity Name **ENER1 BATTERY COMPANY** Principal Place of Business Mailing Address 550 CYPRESS CREEK ROAD 550 CYPRESS CREEK ROAD **SUITE #120** SUITE #120 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address 500 W CYPRESS CREEKRO 500 W CYPRESS CREEK RD. Suite. Apt. #, etc. Suite Apt. #, etc. 04 SUITE SUITE 100 4. City & State City & State LAUDERDALE, FL 5. usA USA 33309 33309 7. I 6. Name and Address of Current Registered Agent Name RONA AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. E ONE S.E. 3RD AVENUE, 28TH FLOOR 500 N MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its registered office or registered ag the obligations of registered ageo STEWART SIGNATURE (NOTE: Registered Agent signature required when re Signature, typed or printed name of registered agent and title if applicab 9. Election Campaign Financing \$5.00 N FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to OFFICERS AND DIRECTORS 10. 11. ΑD P.D TITLE ☐ Delete TITLE 201, ZOI, MIKE NAME NAME 550 W CYPRESS CREEK RD STE 120 STREET ADDRESS 550 W STREET ADDRESS FT. LA CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE TITT F □ Delete NOVAK NAME NOVAK, PETER NAME 550 1 550 W CYPRESS CREEK RD STE 120 STREET ADDRESS STREET ADDRESS FT. L CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME ZINGA STREET ADDRESS STREET ADDRESS 550 V FT. LA CITY-ST-7IP CITY-ST-ZIP PAULF TITLE TITLE □ Delete NAME NAME 500 W STREET ADDRESS STREET ADDRESS FT. LA CiTY-ST-7IP CITY-ST-7IP 5 STEWA TITLE ☐ Delete TITLE NAME NAME 500 W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LA CEO TITLE Delete TITLE FITZG NAME NAME STREET ADDRESS STREET ADDRESS 500 W 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Flor changed, or on an attachment with an additions with all other like empowered.

RONALD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## FIL ED

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202004	Chg-P	CR2E034 (10/03)
FEI Numbe 65-1081		Applied For Not Applicable
	of Status Desired	\$8.75 Additional Fee Required  Registered Agent
LA Soy Numbe	STEWART	Γ
€ 107	D	)
ری ERJ	h. in the State of F	FL Zip Code 33369 Florida. I am familiar with, and accept
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einstating)		DATE
May Be Fees		
DITIONS/	CHANGES TO OF	FICERS AND DIRECTORS IN 11  Change Addition
MIKE	LESS CRE	EL RD, STE. 120
		FL 33309
N CY	ER PRESS CA	© Change ☐ Addition  REEK R.D., STE. 120
AUDEA	IDALE, 1	FL 23309
tREVI	CH, BOR	Change Addition  IS  REEK P.D., STE. 120
		FL 33309
cyp	ZANDALL RESS CRI	CEL R.D., STE. 100
HUDER	DALE, F	
		EEL RD., STE. 100
		- 23309 . □ Change 🔀 Addition
ERAL J. CYP	D, KEVIA RESS CRI	WEEKRD., SUITE 100
119.07(3)(i	). Florida Statutes	s. I further certify that the information or oath; that I am an officer or director
ida Statute	s; and that my nar	me appears in Block 10 or Block 11 if

04/29/04 (954)556-4020