

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105932

Entity Name: CDF ACTIVE WARNING DEVICES, INC.

FILED  
Jul 05, 2005  
Secretary of State

## Current Principal Place of Business:

ONE INDEPENDENT DR.  
3125  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

## Current Mailing Address:

ONE INDEPENDENT DR.  
3125  
JACKSONVILLE, FL 32202

## New Mailing Address:

FEI Number: 01-0749421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE SUITE 2301  
JACKSONVILLE, FL 32202 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: MCCOMBS, KIRK  
Address: ONE INDEPENDENT DR. STE 3125  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: KING, JONATHAN  
Address: 6051 GRAFTON STREET  
City-St-Zip: PITTSBURGH, PA 152061749

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: MCCOMBS, VAN KIRK  
Address: ONE INDEPENDENT DR. STE 3125  
City-St-Zip: JACKSONVILLE, FL 32202

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAN KIRK MCCOMBS

DPST

07/05/2005

Electronic Signature of Signing Officer or Director

Date