

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133418

Entity Name: DEI HEADQUARTERS, INC.

FILED  
Apr 01, 2005  
Secretary of State

## Current Principal Place of Business:

ONE VIPER WAY  
VISTA, CA 92083

## New Principal Place of Business:

## Current Mailing Address:

C/O TRIVEST PARTNERS, L.P.  
2665 SO BAYSHORE DRIVE STE 800  
MIAMI, FL 33133

## New Mailing Address:

FEI Number: 81-0587470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERSHMAN, DAVID  
2665 S BAYSHORE DR SUITE 800  
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: KUFFNER, MARILYN D  
Address: 2665 SO BAYSHORE DR STE 800  
City-St-Zip: MIAMI, FL 33133

Title: VT ( ) Delete  
Name: HIRSCHBERG, RICHARD J  
Address: ONE VIPER WAY  
City-St-Zip: VISTA, CA 92083

Title: DP ( ) Delete  
Name: MINARIK, JAMES E  
Address: ONE VIPER WAY  
City-St-Zip: VISTA, CA 92083

Title: DC ( ) Delete  
Name: TEMPLETON, TROY D  
Address: 2665 SO BAYSHORE DR STE 800  
City-St-Zip: MIAMI, FL 33133

Title: DV ( ) Delete  
Name: ELIAS, JON E  
Address: 2665 SO BAYSHORE DR STE 800  
City-St-Zip: MIAMI, FL 33133

Title: AS ( ) Delete  
Name: BEAN, K.C.  
Address: ONE VIPER WAY  
City-St-Zip: VISTA, CA 92083

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARILYN D KUFFNER

S

04/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date