

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026938

FILED  
Mar 12, 2004  
Secretary of State

**Entity Name:** CENTER FOR ADVANCED PUBLIC SAFETY INFORMATION TECHNOLOGIES, INC.

**Current Principal Place of Business:**

440 BELL BRANCH LANE  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 BELL BRANCH LANE  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

FEI Number: 91-2185635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMOTRITSKIY, MIKHAIL  
440 BELL BRANCH LANE  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

SMOTRITSKY, MICHAEL B  
440 BELL BRANCH LANE  
JACKSONVILLE, FL 32259 US

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: SMOTRITSKY, MICHAEL B.

03/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: PORTER, SCOTT B  
Address: 440 BELL BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP ( ) Change (X) Addition  
Name: SMOTRITSKY, MICHAEL B  
Address: 440 BELL BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: SMOTRITSKY, MICHAEL B.

VP

03/12/2004

Electronic Signature of Signing Officer or Director

Date