

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120412

FILED  
Mar 28, 2012  
Secretary of State

Entity Name: DEI SALES, INC.

**Current Principal Place of Business:**

201 S BISCAYNE BLVD STE 1500 (AGS)  
MIAMI, FL 33131

**New Principal Place of Business:**

1 VIPER WAY  
VISTA, CA 92081

**Current Mailing Address:**

201 S BISCAYNE BLVD STE 1500 (AGS)  
MIAMI, FL 33131

**New Mailing Address:**

1 VIPER WAY  
VISTA, CA 92081

FEI Number: 33-0157199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PCFO  
Name: DUFFY, KEVIN P  
Address: 1 VIPER WAY  
City-St-Zip: VISTA, CA 92081 US

Title: EVPS  
Name: SIMMONS, MICHAEL S  
Address: 1 VIPER WAY  
City-St-Zip: VISTA, CA 92081 US

Title: VP  
Name: BUSSE, GLENN R  
Address: 1 VIPER WAY  
City-St-Zip: VISTA, CA 92081

Title: CEO  
Name: MINARIK, JAMES E  
Address: 1 VIPER WAY  
City-St-Zip: VISTA, CA 92081 US

Title: T  
Name: BROCKMAN, DAN  
Address: 1 VIPER WAY  
City-St-Zip: VISTA, CA 92081 US

Title: AS  
Name: BIGGS, CRYSTAL L  
Address: 1 VIPER WAY  
City-St-Zip: VISTA, CA 92081 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S. SIMMONS

EVP

03/28/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date