

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15563

FILED
Feb 02, 2005
Secretary of State

Entity Name: MDC VACUUM PRODUCTS CORPORATION

Current Principal Place of Business:

23842 CABOT BLVD.
HAYWARD, CA 94545

New Principal Place of Business:

Current Mailing Address:

23842 CABOT BLVD.
HAYWARD, CA 94545

New Mailing Address:

FEI Number: 94-1624336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWBERRY, DEE
6460 PARKLAND DR
SARASOTA, FL 34243 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: CD () Delete
Name: DEL CASTELLO, MICHAEL
Address: 23842 CABOT BLVD.
City-St-Zip: HAYWARD, CA 94545

Title: VD () Delete
Name: CONTIN, JOSE
Address: 23842 CABOT BLVD.
City-St-Zip: HAYWARD, CA 94545

Title: SD () Delete
Name: CULLEN, KEVIN
Address: 23842 CABOT BLVD
City-St-Zip: HAYWARD, CA 94545

Title: PD () Delete
Name: BROWNELL, JOE
Address: 23842 CABOT BLVD
City-St-Zip: HAYWARD, CA 94545

Title: VD () Delete
Name: SMOLKA, JOEL
Address: 23842 CABOT BLVD
City-St-Zip: HAYWARD, CA 94545

Title: VD () Delete
Name: DALVIE, SANDEEP
Address: 23842 CABOT BLVD
City-St-Zip: HAYWARD, CA 94545

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: KEVIN J CULLEN

CFO

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date