


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P18302 1. Entity Name ELECTRONIC DATA MAGNETICS, INC.	
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Principal Place of Business 210 OLD THOMASVILLE RD. HIGH POINT, NC 27260	Mailing Address 210 OLD THOMASVILLE RD. HIGH POINT, NC 27260
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DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1374841	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000085176 03/11/04-80037-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HALLMAN, RUSSELL 3100 WINDCHASE COURT HIGH POINT, NC 27265
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALLMAN, DAVID L 457 STACEY STREET THOMASVILLE, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALLMAN, RICHARD 116 RIDGEWAY DR. THOMASVILLE, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALLMAN, BRIAN 173 WHITE OAK ROAD THOMASVILLE, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HALLMAN, JEANETTE P 116 RIDGEWAY DRIVE THOMASVILLE, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TRULL, ANGELA V 278 FOX RUN VIEW LN TRINITY, NC 27370

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela V Trull 3-9-04 (236)882-8115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #