


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P18302</b> 1. Entity Name ELECTRONIC DATA MAGNETICS, INC.	
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06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-1374841	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**5. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	HALLMAN, RUSSELL
STREET ADDRESS	3100 WINDCHASE COURT
CITY- ST- ZIP	HIGH POINT, NC 27265

TITLE	VP
NAME	HALLMAN, DAVID L
STREET ADDRESS	457 STACEY STREET
CITY- ST- ZIP	THOMASVILLE, NC

TITLE	PD
NAME	HALLMAN, RICHARD
STREET ADDRESS	116 RIDGEWAY DR.
CITY- ST- ZIP	THOMASVILLE, NC

TITLE	VP
NAME	HALLMAN, BRIAN
STREET ADDRESS	173 WHITE OAK ROAD
CITY- ST- ZIP	THOMASVILLE, NC

TITLE	AS
NAME	HALLMAN, JEANETTE P
STREET ADDRESS	116 RIDGEWAY DRIVE
CITY- ST- ZIP	THOMASVILLE, NC

TITLE	S
NAME	TRULL, ANGELA V
STREET ADDRESS	276 FOX RUN VIEW LN
CITY- ST- ZIP	TRINITY, NC 27370

U000000372050  
07/11/05-80017-003 550.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angela Trull

6-29-05

(336)882-8115