

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P18302

1. Entity Name
ELECTRONIC DATA MAGNETICS, INC.



Principal Place of Business
**210 OLD THOMASVILLE RD.
HIGH POINT, NC 27260**

Mailing Address
**210 OLD THOMASVILLE RD.
HIGH POINT, NC 27260**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1374841

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
236 EAST 6TH AVE
TALLAHASSEE, FL 32303**

**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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

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
1500 COUNTRY CLUB DR
HIGH POINT, NC 27262**

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
1500 COUNTRY CLUB DR
HIGH POINT, NC 27262**

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

U00000788316
01/18/08-80036-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Trull **Angela Trull**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08 (334) 882-8115
Date Daytime Phone #