

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18302

FILED
Jan 08, 2009
Secretary of State

Entity Name: ELECTRONIC DATA MAGNETICS, INC.

Current Principal Place of Business:

210 OLD THOMASVILLE RD.
HIGH POINT, NC 27260

New Principal Place of Business:

Current Mailing Address:

210 OLD THOMASVILLE RD.
HIGH POINT, NC 27260

New Mailing Address:

FEI Number: 56-1374841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE
TALLAHASSEE, FL 32303 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: VD () Delete
Name: HALLMAN, RUSSELL
Address: 3100 WINDCHASE COURT
City-St-Zip: HIGH POINT, NC 27265

Title: VP () Delete
Name: HALLMAN, DAVID L
Address: 457 STACEY STREET
City-St-Zip: THOMASVILLE, NC

Title: PD () Delete
Name: HALLMAN, RICHARD
Address: 1500 COUNTRY CLUB DR
City-St-Zip: HIGH POINT, NC 27262

Title: VP () Delete
Name: HALLMAN, BRIAN
Address: 173 WHITE OAK ROAD
City-St-Zip: THOMASVILLE, NC

Title: AS (X) Delete
Name: HALLMAN, JEANETTE P
Address: 1500 COUNTRY CLUB DR
City-St-Zip: HIGH POINT, NC 27262

Title: S () Delete
Name: TRULL, ANGELA V
Address: 246 FOX RUN VIEW LN
City-St-Zip: TRINITY, NC 27370

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HALLMAN, RUSSELL
Address: 3100 WINDCHASE COURT
City-St-Zip: HIGH POINT, NC 27265

Title: VP (X) Change () Addition
Name: HALLMAN, DAVID L
Address: 206 CODY DRIVE
City-St-Zip: THOMASVILLE, NC

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 exemption stated 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 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: ANGELA TRULL

S

01/08/2009

Electronic Signature of Signing Officer or Director

Date