


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90085 028 ***150.00

DOCUMENT # P27044 1. Entity Name EPICOR INDUSTRIES, INC.	
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Principal Place of Business 4801 SPRINGFIELD STREET DAYTON, OH 45431 US	Mailing Address 1551 WEWATTA ST MAIL CODE 90-A4 DENVER, CO 80202 US
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2. Principal Place of Business 6450 Poe Avenue	3. Mailing Address
Suite, Apt. #, etc. Suite 109	Suite, Apt. #, etc.

City & State Dayton, OH	City & State
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Zip 45414	Country USA	Zip	Country
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03302005 Chg-P CR2E034 (10/03)

4. FEI Number 36-3672434	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CERVELLI, RONALD J 3200 PARKER DRIVE SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DISSER, DANIEL J 4801 SPRINGFIELD ST DAYTON, OH 45431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SULLIVAN, KATHLEEN A 1551 WEWATTA ST DENVER, CO 80202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUSK, DIANE M 1551 WEWATTA ST DENVER, CO 80202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPPAYLIOU, GEORGE S 4801 SPRINGFIELD ST DAYTON, OH 45431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, DAVID 100 KING ST W 6600 1 1ST CANADIAN PL TORONTO, ON m5x 1b8 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Disser, Daniel J 6450 Poe Avenue, Suite 109 Dayton, OH 45414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Procopio, Joseph C 1551 Wewatta Street Denver, CO 80202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pappayliou, George S 6450 Poe Avenue, Suite 109 Dayton, OH 45414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph C. Procopio Joseph C. Procopio 4/1/05 (303) 744-4216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #