

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27393

FILED
Feb 24, 2004
Secretary of State

Entity Name: COGENEX CORPORATION

Current Principal Place of Business:

BOOTT MILLS SOUTH
100 FOOT OF JOHN STREET
LOWELL, MA 01852

New Principal Place of Business:

Current Mailing Address:

BOOTT MILLS SOUTH
100 FOOT OF JOHN STREET
LOWELL, MA 01852

New Mailing Address:

FEI Number: 04-2807267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: V () Delete
Name: CASTINE, CHARLES
Address: 200 1ST STREET SE
City-St-Zip: CEDAR RAPIDS, IA 52401

Title: P () Delete
Name: GREGG, MICHAEL F
Address: 100 FOOT OF JOHN ST
City-St-Zip: LOWELL, MA 01852

Title: V () Delete
Name: WHITE, MARK S
Address: 100 FOOT OF JOHN ST
City-St-Zip: LOWELL, MA 01852

Title: D () Delete
Name: CASTINE, CHARLES
Address: 200 1ST STREET SE
City-St-Zip: CEDAR RAPIDS, IA 52401

Title: D () Delete
Name: BURI, F. J
Address: 4902 N. BILTMORE LANE
City-St-Zip: MADISON, WI 53718

Title: D () Delete
Name: HANSON, THOMAS L
Address: 4902 N. BILTMORE LANE
City-St-Zip: MADISON, WI 53718

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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 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: CHUCK CASTINE

V

02/24/2004

Electronic Signature of Signing Officer or Director

_____ Date