

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90094 038 ***550.00

DOCUMENT # P37345 1. Entity Name EDWARDS SYSTEMS TECHNOLOGY, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 700 TERRACE POINT DR <small>Suite, Apt. #, etc.</small>			3. Mailing Address P.O. BOX 3301 <small>Suite, Apt. #, etc.</small>		
City & State MUSKEGON, MI <small>Zip</small> 49443 <small>Country</small>			City & State MUSKEGON, MI <small>Zip</small> 49443 <small>Country</small> USA		
4. FEI Number 06-0541955			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND DRIVE City PLANTATION 801 FL Zip Code 33324	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME	TWOMBLY, J.B.	TITLE	
STREET ADDRESS		STREET ADDRESS	13515 BALLANTYNE CORP PL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	CHARLOTTE, NC 28277	CITY - ST - ZIP	
TITLE		NAME	VP/CFO	TITLE	
STREET ADDRESS		STREET ADDRESS	13515 BALLANTYNE CORP PL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	CHARLOTTE, NC 28277	CITY - ST - ZIP	
TITLE		NAME	VP/TREAS/DIR	TITLE	
STREET ADDRESS		STREET ADDRESS	O'LEARY, P. J.	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	13515 BALLANTYNE CORP PL	CITY - ST - ZIP	
TITLE		NAME	VP/SEC/DIR	TITLE	
STREET ADDRESS		STREET ADDRESS	KEARNEY, C.J.	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	13515 BALLANTYNE CORP PL	CITY - ST - ZIP	
TITLE		NAME	VP/DIR	TITLE	
STREET ADDRESS		STREET ADDRESS	WINOWIECKI, R	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	13515 BALLANTYNE CORP PL	CITY - ST - ZIP	
TITLE		NAME		TITLE	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
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 on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/4/03 231-724-5774 <small>Date Daytime Phone #</small>	

CR2E034B (12/02)