

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90122 001 ***150.00

DOCUMENT # P38364 1. Entity Name FOX SYSTEMS, INC.					
Principal Place of Business 4110 N. SCOTTSDALE ROAD STE. 345 SCOTTSDALE, AZ 85251-3920			Mailing Address 4110 N. SCOTTSDALE ROAD STE. 345 SCOTTSDALE, AZ 85251-3920		
2. Principal Place of Business 6263 N Scottsdale Road		3. Mailing Address 6263 N Scottsdale Road			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Scottsdale, AZ		City & State Scottsdale, AZ			
Zip 85250	Country USA	Zip 85250	Country USA	4. FEI Number 68-0121468	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/ CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT FOX, SUSAN 1961 E. SECRETARIAT TEMPE, AZ 85283		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/D Susan J Fox 6263 N Scottsdale Road, Suite 200 Scottsdale, AZ 85250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHISHIDA, MARK K 9073 E. GRAY ROAD SCOTTSDALE, AZ 85260		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/CEO/D Mark K Shishida 6263 N Scottsdale Road, Suite 200 Scottsdale, AZ 85250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHUJA, DESH 5956 E. SWEETWATER SCOTTSDALE, AZ 85254		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/T/D Desh B Ahuja 6263 N Scottsdale Road, Suite 200 Scottsdale, AZ 85250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARKIN, WILLIAM F 14388 E. GERONIMO ROAD SCOTTSDALE, AZ 85259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William F Larkin 6263 N Scottsdale Road, Suite 200 Scottsdale, AZ 85250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u><i>Desh B. Ahuja, ERP</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			May 18th, 2005 (480) 423-8184 <small>Date Daytime Phone #</small>		