

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P39245

1. Entity Name
LXE, INC.



Principal Place of Business

**125 TECHNOLOGY PKWY.
NORCROSS, GA 30092 US**

Mailing Address

**125 TECHNOLOGY PKWY.
NORCROSS, GA 30092 US**

DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1829757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	JACOBS, WILLIAM S
STREET ADDRESS	2041 STARFIRE DR NE
CITY- ST- ZIP	ATLANTA, GA
TITLE	T
NAME	SCARTZ, DON T
STREET ADDRESS	2455 ROXBURGH DRIVE
CITY- ST- ZIP	ROSWELL, GA
TITLE	CEO
NAME	HANSEN, GENERAL ALFRED
STREET ADDRESS	660 ENGINEERING DRIVE
CITY- ST- ZIP	NORCROSS, GA 30092
TITLE	P
NAME	CHILDRESS, JAMES S
STREET ADDRESS	125 TECHNOLOGY PARKWAY
CITY- ST- ZIP	NORCROSS, GA 30092
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**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)(f), 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:

James S. Childress
JAMES S. CHILDRESS

2-15-04 (770) 729-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #