


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90213 001 \*\*\*158.75

**DOCUMENT # V24901**  
 1. Entity Name  
**CONTROL SOLUTIONS INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address  
**MILLYARD TECHNOLOGY PARK**      **MILLYARD TECHNOLOGY PARK**  
**39 PINESTREET EXTENSION**      **39 PINESTREET EXTENSION**  
**NASHUA, NH 03060 US**      **NASHUA, NH 03060 US**

**44044350**



2. Principal Place of Business      3. Mailing Address  
*39 Technology Way*      *39 Technology Way*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04202004      Chg-P      CR2E034 (10/03)

City & State      City & State  
*Nashua NH*      *Nashua NH*  
 Zip      Country      Zip      Country  
*03060*      *US*      *03060*      *US*

4. FEI Number      Applied For  
**65-0344734**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELBLUT, FRANK	NAME	
STREET ADDRESS	39 PINE STREET EXTENSION	STREET ADDRESS	
CITY-ST-ZIP	NASHUA, NH 03060	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, RICHARD M	NAME	
STREET ADDRESS	863 STSTE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PRINCETON, NJ 08540	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Frank Edelblut*      **4/26/04**      **603-898-0700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #