
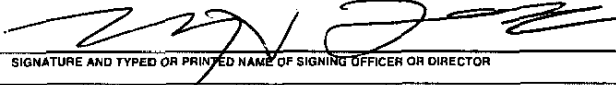


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91004 045 \*\*\*150.00

<b>DOCUMENT # 160269</b>					
1. Entity Name ELECTRO-SYSTEMS CORPORATION					
Principal Place of Business 3318 LAKEMONT BLVD. FORT MILL, SC 29708			Mailing Address 3318 LAKEMONT BLVD. FORT MILL, SC 29708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03182004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-0626059	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUDKOFF, ROYCE		NAME	Lon Otremba	
STREET ADDRESS	188 HEATH STREET		STREET ADDRESS	318 Kenmore Road	
CITY-ST-ZIP	CHESTNUT HILL, MA		CITY-ST-ZIP	Douglaston, NY 11363	
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, WILLIAM		NAME		
STREET ADDRESS	18301 MANDRIAN POINT		STREET ADDRESS		
CITY-ST-ZIP	CORNELIUS, NC		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBER, PENI		NAME		
STREET ADDRESS	391 BEACON ST #1		STREET ADDRESS		
CITY-ST-ZIP	BOSTON, MA 02116		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACINNIS, ROBERT		NAME		
STREET ADDRESS	30 OXBOW CIR		STREET ADDRESS		
CITY-ST-ZIP	NORTH ANDOVER, MA 01845		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZENDAN, MICHAEL F II		NAME		
STREET ADDRESS	943 LONGFIELD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC		CITY-ST-ZIP		
TITLE	CFOT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLA, STEPHEN		NAME		
STREET ADDRESS	10228 CHILVARY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC		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)(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: 		Date: 3/19/04		Daytime Phone #: 803-394-3267	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	