

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-18-2004 90027 003 ***150.00

DOCUMENT # F0100006209
 1. Entity Name
PACOM SYSTEMS (NORTH AMERICA) INC.



Principal Place of Business Mailing Address
339 INTERSTATE BLVD ✓ **339 INTERSTATE BLVD ✓**
SARASOTA FL 34240 **SARASOTA FL 34240**

00414316



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **52-2336000 ✓** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~RICKARD & ASSOCIATES~~
~~1000 N. ASHLEY DRIVE~~
~~SUITE 101~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent
 Name **ANDREW GRIFFITH**
 Street Address (P.O. Box Number is Not Acceptable)
339 INTERSTATE BLVD
 City **SARASOTA** FL Zip Code **34240**

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]* DATE **4-21-04**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	CURRAN, PATRICK	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STROHFELDT, GREGORY	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRANG, EDWIN	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DAVIES, HYWEL	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ORME, DAVID	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BERGERON, MARC	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. M. J. SCOTT OLIVER	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Andrew Griffith	
STREET ADDRESS	339 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA, FL 34240	

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: *[Signature]* DATE: **3/12/04** DAYTIME PHONE #: **941 378 2523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR