


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90394 033 \*\*\*150.00

**DOCUMENT # F01000006209**  
 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**

**DO NOT WRITE IN THIS SPACE**



03152005    No Chg-P    CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent  
**GRIFFITH, ANDREW**  
**339 INTERSTATE BLVD.**  
**SARASOTA, FL 34240**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	<del>CURRAN, PATRICK</del>
STREET ADDRESS	<del>339 INTERSTATE BLVD</del>
CITY-ST-ZIP	<del>SARASOTA, FL 34240</del>
TITLE	VD
NAME	STROHFELDT, GREGORY
STREET ADDRESS	339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	VD
NAME	<del>STRANG, EDWIN</del>
STREET ADDRESS	<del>339 INTERSTATE BLVD</del>
CITY-ST-ZIP	<del>SARASOTA, FL 34240</del>
TITLE	VS
NAME	<del>DAVIES, HYWEL</del>
STREET ADDRESS	<del>339 INTERSTATE BLVD</del>
CITY-ST-ZIP	<del>SARASOTA, FL 34240</del>
TITLE	M
NAME	<del>OLIVER, J. SCOTT</del> <b>MR MINNIKIN, ANDREW B</b>
STREET ADDRESS	<del>339 INTERSTATE BLVD</del> <b>339 INTERSTATE BLVD</b>
CITY-ST-ZIP	<del>SARASOTA, FL 34240</del> <b>SARASOTA FL 34240</b>
TITLE	M
NAME	<del>GRIFFIN, ANDREW</del> <b>GRIFFITH, ANDREW J</b>
STREET ADDRESS	339 INTERSTATE BLVD
CITY-ST-ZIP	SARASOTA, FL 34240

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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:**  **ANDREW J. GRIFFITH**      **4-22-05**      **941-378-2522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #