


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90012 006 ***150.00

| | |
|--|---|
| DOCUMENT # F04000000055 |  |
| 1. Entity Name DATAVANTAGE CORPORATION | |

| | |
|---|---|
| Principal Place of Business 6573 COCHRAN RD., SUITE L SOLON, OH 44139 | Mailing Address 6573 COCHRAN RD., SUITE L SOLON, OH 44139 |
|---|---|

100000JJ



| | |
|---|---|
| 2. Principal Place of Business 30500 Bruce Industrial Parkway | 3. Mailing Address 30500 Bruce Industrial Parkway |
| Suite, Apt. #, etc. A | Suite, Apt. #, etc. A |

01172005 Chg-P CR2E034 (10/03)

| | |
|-----------------------------------|-----------------------------------|
| City & State Solon Ohio | City & State Solon Ohio |
|-----------------------------------|-----------------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 34-1594365 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 44139 | Country USA | Zip 44139 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|


6. Name and Address of Current Registered Agent

LUKE, STEVEN
10 NORTH PARK AVENUE, SUITE B
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name **NRAI Services Inc**
 Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
 City **Tallahassee** **FL** Zip Code **32301**

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.

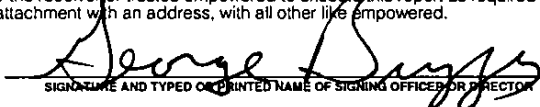
SIGNATURE  **Charles F. Shampney** **Asst. Sec.** **1-24-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME NAPOLI, CHARLES | |
| STREET ADDRESS 6573 COCHRAN RD., SUITE L | |
| CITY-ST-ZIP SOLON, OH 44139 | |
| TITLE VCFO | <input type="checkbox"/> Delete |
| NAME BUZZY, GEORGE | |
| STREET ADDRESS 6573 COCHRAN RD., SUITE L | |
| CITY-ST-ZIP SOLON, OH 44139 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Napoli, Charles | |
| STREET ADDRESS 30500 Bruce Industrial Parkway | |
| CITY-ST-ZIP Solon, Ohio 44139 | |
| TITLE VCFO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Buzzy, George | |
| STREET ADDRESS 30500 Bruce Industrial Parkway | |
| CITY-ST-ZIP Solon, Ohio 44139 | |
| 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 | |

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:  **George Buzzy** **1/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #