


APR. 18. 2005 2:34PM

GENERAL DYNAMICS

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

04-26-2005 90157 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000004782			
1. Entity Name TRIPOINT GLOBAL COMMUNICATIONS INC.			
Principal Place of Business 1500 PRODELIN DRIVE NEWTON, NC 28658		Mailing Address 1500 PRODELIN DRIVE NEWTON, NC 28658	
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 56-1871699		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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when re-registering)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DCEO NAME HAEGELE, JACK STREET ADDRESS 1350 AVENUE OF THE AMERICAS, 8TH FL, #840 CITY-ST-ZIP NEWTON, NC 28658	<input checked="" type="checkbox"/> Delete	TITLE P NAME Mark Fried STREET ADDRESS 8201 East McDowell Road CITY-ST-ZIP Scottsdale, AZ 85251-1417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VSD NAME GREEN, STEPHEN STREET ADDRESS 1350 AVENUE OF THE AMERICAS, 8TH FL, #840 CITY-ST-ZIP NEWTON, NC 28658	<input checked="" type="checkbox"/> Delete	TITLE Exec. VP NAME Chris Marzilli STREET ADDRESS 400 John Quincy Adams Road CITY-ST-ZIP Tarenton, MA 02780-1069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HOFFMAN, DONALD STREET ADDRESS 1221 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK, NY-10020	<input checked="" type="checkbox"/> Delete	TITLE VP NAME David A. Sarnier STREET ADDRESS 2941 Fairview Park Drive, Suite 100 CITY-ST-ZIP Falls Church, VA 22042-4513	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE I NAME David H. Fogg STREET ADDRESS 2941 Fairview Park Drive, Suite 100 CITY-ST-ZIP Falls Church, VA 22042-4513	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Asst. T. NAME David P. Baier STREET ADDRESS 2941 Fairview Park Drive, Suite 100 CITY-ST-ZIP Falls Church, VA 22042-4513	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE S. NAME Margaret N. House STREET ADDRESS 2941 Fairview Park Drive, Suite 100 CITY-ST-ZIP Falls Church, VA 22042-4513	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 507, 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: <u>Margaret N. House</u>		4/18/2005 828-466-9315	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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