

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004762

FILED  
Jun 16, 2011  
Secretary of State

Entity Name: TELKORE, INC.

**Current Principal Place of Business:**

5247 SIMPSON FERRY ROAD  
MECHANICSBURG, PA 17050 US

**New Principal Place of Business:**

**Current Mailing Address:**

5247 SIMPSON FERRY ROAD  
MECHANICSBURG, PA 17050 US

**New Mailing Address:**

FEI Number: 20-1251983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILSON, RICHARD D  
Address: 5247 SIMPSON FERRY ROAD  
City-St-Zip: MECHANICSBURG, PA 17050

Title: D  
Name: GRIEST, DAVID  
Address: 5247 SIMPSON FERRY ROAD  
City-St-Zip: MECHANICSBURG, PA 17050 US

Title: D  
Name: JOYCE, ROBERT  
Address: 5247 SIMPSON FERRY ROAD  
City-St-Zip: MECHANICSBURG, PA 17050 US

Title: D  
Name: BRENNER, MICHAEL  
Address: 5247 SIMPSON FERRY ROAD  
City-St-Zip: MECHANICSBURG, PA 17050 US

Title: VP  
Name: PROCOPIO, KATHERINE A  
Address: 5247 SIMPSON FERRY ROAD  
City-St-Zip: MECHANICSBURG, PA 17050

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD D. WILSON

P

06/16/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date