


FILED
Sep 27, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F96000006891 1. Entity Name DATA COMMUNICATIONS CORPORATION	
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Principal Place of Business 5750 NEW KING ST., #320 TROY, MI 48098-2696	Mailing Address 5750 NEW KING ST., #320 TROY, MI 48098-2696
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DO NOT WRITE IN THIS SPACE



09202004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-2850220	Applied For Not Applicable
5. Certificate of Status Desired KL	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSCH, RAYMOND G
3452 LAKE LYNDA DR., #185
ORLANDO, FL 32817

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]* DATE: 9/20/04

Signature typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when appropriate) DATE

FILE NOW!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC SADLER, RAY C 5750 NEW KING ST., #320 TROY, MI 480982696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECKWITH, STEPHAN J 5750 NEW KING ST., #320 TROY, MI 480982696
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09/27/04-80003-010 558.75

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 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 empowerments.

SIGNATURE: *[Signature]* DATE: 9/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYING PHOTO