

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90190 018 \*\*\*150.00

**DOCUMENT # F29057**

1. Corporation Name  
**ELM TRANSMISSIONS, INC.**

Principal Place of Business  
**C/O C T CORPORATION SYSTEM  
8751 W. BROWARD BLVD.  
PLANTATION FL 33324**

Mailing Address  
**240 NEW YORK DR  
FT WASHINGTON PA 19034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/09/1981**

4. FEI Number

**52-1214616**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVS**  
NAME **CORKRAN, JAMES W**  
STREET ADDRESS **240 NEW YORK DR**  
CITY-STATE-ZIP **FT WASHINGTON PA 19034**

1.1 TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **Mark A DiMuzio**  
1.3 STREET ADDRESS **240 New York Drive**  
1.4 CITY-STATE-ZIP **Ft Washington, PA 19034**

TITLE **DT**  
NAME **KELLY JR, EDWARD W**  
STREET ADDRESS **240 NEW YORK DR**  
CITY-STATE-ZIP **FT WASHINGTON PA 19034**

2.1 TITLE **TREASURER** ☒ Change ☐ Addition  
2.2 NAME **William L. Gordon**  
2.3 STREET ADDRESS **240 New York Drive**  
2.4 CITY-STATE-ZIP **Ft Washington, PA 19034**

TITLE **D**  
NAME **AMBROSE, MICHAEL J**  
STREET ADDRESS **240 NEW YORK DR**  
CITY-STATE-ZIP **FT WASHINGTON PA 19034**

3.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
3.2 NAME **Todd P Leff**  
3.3 STREET ADDRESS **240 New York Drive**  
3.4 CITY-STATE-ZIP **Ft Washington, PA 19034**

TITLE ☐ DELETE  
NAME **PLEASE NOTE: CORKRAN, AMBROSE**  
STREET ADDRESS **AND KELLY ARE DIRECTORS ONLY**  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William L. Gordon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William L. Gordon**

TREASURER

04/23/99

215 643 5885

Date

Daytime Phone #

CR2E034 (11/98)