

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000002040 (3)

1. Corporation Name  
LITERAL CORPORATION

Principal Place of Business  
0045 PINOAK COURT  
COLORADO SPRINGS CO 80920

Mailing Address  
0045 PINOAK COURT  
COLORADO SPRINGS CO 80920

FILED  
95 JAN 25 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/20/1994  
3a. Date of Last Report

4. FEI Number -77-0080014 87-1165193  
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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 1715 MONTEREY ROAD  
25 1715 MONTEREY ROAD  
Suite, Apt. #, etc. SUITE 135  
City & State COLORADO SPRINGS CO  
23 28 COLORADO SPRINGS CO  
24 29 80910 25 30 USA

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
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 007.0502 and 007.1608, 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 007.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	GOTCSIK, GEORGE H
STREET ADDRESS	4545 E. RIVER ROAD
CITY-ST-ZIP	ROCHESTER NY
TITLE	VD
NAME	POPOVICH, GEORGE
STREET ADDRESS	1850 SE PALM BEACH ROAD, STE 7B
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	RUSTER, ALLEN
STREET ADDRESS	343 STATE STREET
CITY-ST-ZIP	ROCHESTER NY
TITLE	D
NAME	SCIARRINO, GIOVANNI
STREET ADDRESS	G. JERVIS 77
CITY-ST-ZIP	10015 (TO) ITALY
TITLE	AS
NAME	BARTLETT, DAVID E
STREET ADDRESS	2505 CANYON BLVD, STE 250
CITY-ST-ZIP	BOULDER CO
TITLE	ST
NAME	BUXTON, PATRICK R
STREET ADDRESS	0045 PINOAK CT.
CITY-ST-ZIP	COLORADO SPRINGS CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DELEGATE
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I file hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.037(9)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick R. Buxton 1-18-95 717-531-9620  
(Signature and typed or printed name of signing officer or director) (Date) (Phone)