

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

**APPROVED
AND
FILED**

95 MAY 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00271 (7)
1. Corporation Name
DATATAPE INCORPORATED

Principal Place of Business Mailing Address
360 SIERRA MADRE VILLA PASADENA CA 91109-7014 US **C/O CORPORATE TAX 343 STATE ST ROCHESTER NY 14650-7904**

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified **12/14/1983** 9a. Date of Last Report **04/27/1994**
4. FEI Number **06-1090589** 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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. **360 Sierra Madre Villa**
22. City & State 27. Suite, Apt. #, etc.
23. City & State 28. **Pasadena, CA**
24. Zip 25. Country 29. **91109** 30. **Los Angeles**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 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 transferring) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, GORDON 360 SIERRA MADRE VILLA PASADENA CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GILES, J.A. 360 SIERRA MADRE VILLA PASADENA CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GILLETTE, ROBERT H 360 SIERRA MADRE VILLA PASADENA CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT CONNOLLY, JOE H 360 SIERRA MADRE VILLA PASADENA CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HAAG, JOYCE P 343 STATE STREET ROCHESTER NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VANGRAAFEILAND, GARY P 343 STATE STREET ROCHESTER NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	Chairman of the Board-CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dominick Saccacio 360 Sierra Madre Villa Pasadena, CA 91109
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	Vice President-CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Patterson 360 Sierra Madre Villa Pasadena, CA 91109
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bruce Peters 360 Sierra Madre Villa Pasadena, CA 91109
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Cagliano DELETE 360 Sierra Madre Villa Pasadena, CA 91109
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Kruger 360 Sierra Madre Villa Pasadena, CA 91109
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cynthia Belak 360 Sierra Madre Villa Pasadena, CA 91109

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Belak **C. BELAK** 5-12-95 818-796-9381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature from #)