

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P08942 (5)
1. Corporation Name
SCAN-OPTICS, INC.



Principal Place of Business 22 PRESTIGE PARK CIRCLE E HARTFORD CT 06108	Mailing Address 22 PRESTIGE PARK CIRCLE E HARTFORD CT 06108-1917
---	--

3. Date Incorporated or Qualified 02/04/1986	3a. Date of Last Report 06/11/1996
--	--

2. Principal Place of Business 21 169 Progress Dr Suite, Apt. #, etc.	2a. Mailing Address 26 169 Progress Dr Suite, Apt. #, etc.
22 City & State Manchester CT	27 City & State Manchester CT
23 Zip 06040	29 Zip 06040
24 Country	30 Country

4. FEI Number 06-0851857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDC <input type="checkbox"/> DELETE
NAME	TANAKA, RICHARD I PH.D
STREET ADDRESS	22 PRESTIGE PARK CIRCLE
CITY-ST-ZIP	EAST HARTFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARKE, LOGAN JR.
STREET ADDRESS	22 PRESTIGE PARK CIRCLE
CITY-ST-ZIP	EAST HARTFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	COBURN, RICHARD J
STREET ADDRESS	22 PRESTIGE PARK CIRCLE
CITY-ST-ZIP	EAST HARTFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMILTON, LYMAN C JR.
STREET ADDRESS	22 PRESTIGE PARK CIRCLE
CITY-ST-ZIP	EAST HARTFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	GRISWOLD, E. BULKELEY
STREET ADDRESS	22 PRESTIGE PARK CIRCLE
CITY-ST-ZIP	EAST HARTFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	STELLE, ROBERT H
STREET ADDRESS	22 PRESTIGE PARK CIRCLE
CITY-ST-ZIP	EAST HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	169 Progress Dr
1.4 CITY-ST-ZIP	Manchester, CT 06040
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	same as above
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Same as above
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Same as above
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Same as above
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STEELE, ROBERT H.
6.3 STREET ADDRESS	same as above
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **MICHAEL J. VILLANO, VP, CFO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)