


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

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FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90044 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08942

1. Corporation Name
SCAN-OPTICS, INC.

Principal Place of Business 169 PROGRESS DR MANCHESTER CT 06040 US	Mailing Address 169 PROGRESS DR MANCHESTER CT 06040 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1986	
21	26	4. FEI Number 06-0851857		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAVEL, JAMES C			1.2 NAME			
STREET ADDRESS	169 PROGRESS DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER CT 06040			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, LOGAN JR.			2.2 NAME			
STREET ADDRESS	169 PROGRESS DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER CT			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COBURN, RICHARD J			3.2 NAME			
STREET ADDRESS	169 PROGRESS DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER CT			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, LYMAN C JR.			4.2 NAME			
STREET ADDRESS	169 PROGRESS DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER CT			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRISWOLD, E. BULKELEY			5.2 NAME			
STREET ADDRESS	169 PROGRESS CT			5.3 STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER CT			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEELE, ROBERT H.			6.2 NAME			
STREET ADDRESS	169 PROGRESS DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER CT			6.4 CITY-ST-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: *[Signature]* **REQUIRED** 3/19/99 Date Daytime Phone #

CR2E034 (1/98)