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FILED

Feb 28 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 # V46713

(6)

1. Corporation Name

QUANDARY CORPORATION

Principal Place of Business

791 WYE ROAD  
AKRON OH 44333

Mailing Address

791 WYE ROAD  
AKRON OH 44333-2268



3. Date Incorporated or Qualified

06/24/1992

3a. Date of Last Report

03/14/1996

4. FEI Number

65-0361832

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH 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: Type the printed name of registered agent and tax if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                    | STREET ADDRESS   | CITY-ST-ZIP             | DELETE                              |
|-------|-------------------------|------------------|-------------------------|-------------------------------------|
| CD    | MEYERSON, ROBERT F      | 16488 CAPTIVA RD | CAPTIVA ISLAND FL 33924 | <input type="checkbox"/>            |
| PD    | MEYERSON, NANCY H       | 16488 CAPTIVA RD | CAPTIVA ISLAND FL 33924 | <input type="checkbox"/>            |
| EVP   | MEYERSON, ANDREW S      | 16488 CAPTIVA RD | CAPTIVA ISLAND FL 33924 | <input checked="" type="checkbox"/> |
| VT    | MURPHY, ELIZABETH S     | 791 WYE ROAD     | AKRON OH 44333          | <input type="checkbox"/>            |
| S     | KESSLER, H. CHARLES III | 791 WYE ROAD     | AKRON OH 44333          | <input checked="" type="checkbox"/> |
|       |                         |                  |                         | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME            | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP          | Change                              | Addition                            |
|-----------|---------------------|--------------------|--------------------------|-------------------------------------|-------------------------------------|
| CD P      | MEYERSON, ROBERT F. | 16488 CAPTIVA RD   | CAPTIVA ISLAND, FL       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D         | MEYERSON, NANCY H   | 16488 CAPTIVA RD   | CAPTIVA ISLAND, FL 33924 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D/EVP/S   | MEYERSON, ADAM H    | 791 WYE RD         | AKRON, OH 44333          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| D/VP      | MURPHY, ELIZABETH   | 791 WYE RD         | AKRON, OH 44333          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| T         | GOREK, KATHY J      | 791 WYE RD         | AKRON, OH 44333          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|           |                     |                    |                          | <input type="checkbox"/>            | <input type="checkbox"/>            |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

Date

330-666-6380

Daytime Phone #

CR2E034 (9/96)