

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

**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 Mailing Address  
**791 WYE ROAD AKRON OH 44333** **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 2a. Mailing Address  
21. State, Apt. #, etc. 26. State, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEYERSON, ROBERT F.	
1.3 STREET ADDRESS	16488 CAPTIVA RD	
1.4 CITY-ST-ZIP	CAPTIVA ISLAND, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEYERSON, NANCY H	
2.3 STREET ADDRESS	16488 CAPTIVA RD	
2.4 CITY-ST-ZIP	CAPTIVA ISLAND, FL 33924	
3.1 TITLE	D/EVP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MEYERSON, ADAM H	
3.3 STREET ADDRESS	791 WYE RD	
3.4 CITY-ST-ZIP	AKRON, OH 44333	
4.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MURPHY, ELIZABETH	
4.3 STREET ADDRESS	791 WYE RD	
4.4 CITY-ST-ZIP	AKRON, OH 44333	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GOREK, KATHY J	
5.3 STREET ADDRESS	791 WYE RD	
5.4 CITY-ST-ZIP	AKRON, OH 44333	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: \_\_\_\_\_ Date: **2/12/97** Daytime Phone #: **330-666-6380**

CR2E034 (9/96)