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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 345602

1. Corporation Name

Principal Place of Business

TRAINING TECHNIQUES COMPANY, INC.

5328 WOOSTER RD CINCINNATI OH 45226		5328 WOOSTER RD CINCINNATI OH 45226			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/05/1969
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1547006
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
Brunetti, B.E. 1656 se 10th terrace			82	Street /	Address (P.O. Box Number is Not Acceptable)
FOR	T LAUDERDALE FL 33316		83		,
			84	City	FL 85 Zip Code
agent. i ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, to f Florida. Such change was authorions of, Section 607.0505, Florida	the above orized by Statutes	e-named the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Ager	t signature n	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCD	☐ DELETE	1.1 TITLE		Change Addition
NAME	NANCE,HAROLD W		1.2 NAME		·
STREET ADDRESS	3732 WEST ST		1.3 STREE		
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP		Change Addition
TITLE	VD	☐ DELETE	2.1 TITLE .		E Change Accuson
NAME	SHEPHERD, LEROY K.		2.2 NAME		
STREET ADDRESS	- 8060 SHAWNEE RUN RD	and the state of t	i	ADDRESS	
CITY-ST-ZIP.	CINCINNATI OH SD	DELETE	2. 4 CITY-S 3.1 TITLE	T-ZIP	Change Addition
TITLE	LAFFIN, CONSTANCE D.	- Decere	3.2 NAME		
NAME	3732 WEST ST.		3.3 STREE	r ADDRESS	
STREET ADDRESS	CINCINNATI OH		3.4. CITY-S		
CITY-ST-ZIP TITLE	CHICHTER TO	☐ DELETE	4.1 TITLE	,1-2.11	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		ì	5.2 NAME		
STREET ADDRESS			5.3 STREE	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	7-ZIP	
TITLE : 33	Tar:	☐ DELETE	6.1 TITLE		Change Addition
	95 to		6.2 NAME		
STREET ADDRESS			6.3 STREE	TADORESS	

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:

CITY-ST-ZIP

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90116 034 ***150.00