

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

04-16-1999 90116 034 \*\*\*150.00

**DOCUMENT # 345602**

1. Corporation Name

**TRAINING TECHNIQUES COMPANY, INC.**

Principal Place of Business

5328 WOOSTER RD  
CINCINNATI OH 45226

Mailing Address

5328 WOOSTER RD  
CINCINNATI OH 45226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1969

4. FEI Number

59-1547006

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

10. Name and Address of New Registered Agent

**BRUNETTI, B.E.**  
**1656 SE 10TH TERRACE**  
**FORT LAUDERDALE FL 33316**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PCD**  
**NANCE, HAROLD W**  
STREET ADDRESS **3732 WEST ST**  
CITY-ST-ZIP **CINCINNATI OH**

1.1 TITLE ☐ Change ☐ Addition

NAME **VD** ☐ DELETE

STREET ADDRESS **8060 SHAWNEE RUN RD.**  
CITY-ST-ZIP **CINCINNATI OH**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD**  
**SHEPHERD, LEROY K.**  
STREET ADDRESS **3732 WEST ST.**  
CITY-ST-ZIP **CINCINNATI OH**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **LAFFIN, CONSTANCE D.**  
STREET ADDRESS **3732 WEST ST.**  
CITY-ST-ZIP **CINCINNATI OH**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

*Harold W. Nance*  
**HAROLD W. NANCE, PRESIDENT**

**April 12, 1999**

Date

**513-871-2855**

Daytime Phone #

CR2E034 (11/98)