

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

FILED

Apr 01 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 # 512009

(2)

1. Corporation Name  
METATEC CORPORATION

Principal Place of Business

7001 METATEC BLVD.  
DUBLIN OH 43017  
US

Mailing Address

7001 METATEC BLVD  
DUBLIN OH 43017-3219  
US



3. Date Incorporated or Qualified

09/09/1976

3a. Date of Last Report

04/23/1996

4. FEI Number

59-1698890

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

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JERRY D	
STREET ADDRESS	3900 S. FLORIDA AVE.	
CITY- ST- ZIP	LAKELAND FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	WILKINS, JEFFREY M.	
STREET ADDRESS	7001 METATEC BLVD.	
CITY- ST- ZIP	DUBLIN OH	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LARGENT, WILLIAM H	
STREET ADDRESS	7001 METATEC BLVD	
CITY- ST- ZIP	DUBLIN OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWEN, A G	
STREET ADDRESS	7001 METATEC BLVD.	
CITY- ST- ZIP	DUBLIN OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TILLAR, GREGORY T.	
STREET ADDRESS	7001 METATEC BLVD.	
CITY- ST- ZIP	DUBLIN OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RUE, JOHN R.	
STREET ADDRESS	7001 METATEC BLVD.	
CITY- ST- ZIP	DUBLIN OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

*[Signature]* VP-CONTROLLER 3/5/97 414-761 2000