

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834491

(3)

1. Corporation Name
REMOTE SERVICES, INC.

Principal Place of Business Mailing Address
210 BROADWAY, EAST 210 BROADWAY, EAST
CUYAHOGA FALLS, OHIO 44222 CUYAHOGA FALLS, OHIO 44222

2. Principal Place of Business 2a. Mailing Address
21 210 BROADWAY, EAST 26 210 BROADWAY, EAST
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 CUYAHOGA FALLS OH 28 CUYAHOGA FALLS, OH
Zip Country Zip Country
24 44222 25 SUMMIT 29 44222 30 SUMMIT

3. Date Incorporated or Qualified 3a. Date of Last Report
06/09/1975 04/01/1996
4. FEI Number Applied For
61-0667027 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 83
84 City 85 Zip Code
FL

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE C NIRENBERG, CHARLES ☒ DELETE 1.1 TITLE STEIN, ROBERT JR. ☐ Change ☒ Addition
NAME ONE VISION DR 1.2 NAME 210 BROADWAY, EAST
STREET ADDRESS ENFIELD CT 1.3 STREET ADDRESS CUYAHOGA FALLS, OHIO 44222
CITY-ST-ZIP 1.4 CITY-ST-ZIP
TITLE CP ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME STEIN, ROBERT JR. 2.2 NAME
STREET ADDRESS ONE VISION DR 2.3 STREET ADDRESS
CITY-ST-ZIP ENFIELD CT 2.4 CITY-ST-ZIP
TITLE VT ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME LANDRY, GREGORY G. 3.2 NAME
STREET ADDRESS ONE VISION DR 3.3 STREET ADDRESS
CITY-ST-ZIP ENFIELD CT 3.4 CITY-ST-ZIP
TITLE V ☒ DELETE 4.1 TITLE SCHULTE, JAMES M. ☐ Change ☒ Addition
NAME KUPPERMAN, MITCH V.P. TREASURER
STREET ADDRESS ONE VISION DR 4.2 NAME 210 BROADWAY, EAST
CITY-ST-ZIP ENFIELD CT 4.3 STREET ADDRESS CUYAHOGA FALLS, OHIO 44222
4.4 CITY-ST-ZIP
TITLE AS ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME WOZNAK, GREG 5.2 NAME
STREET ADDRESS ONE VISION DR 5.3 STREET ADDRESS
CITY-ST-ZIP ENFIELD CT 5.4 CITY-ST-ZIP
TITLE V ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME LANDRY, GREGORY G. 6.2 NAME
STREET ADDRESS ONE VISION DR 6.3 STREET ADDRESS
CITY-ST-ZIP ENFIELD CT 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: JAMES M. SCHULTE V.P. TREASURER 4-28-97

FILED
Jun 06 1997 8:00am
Secretary of State



CR2E034 (9/96)