

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 834491 (3)  
1. Corporation Name  
REMOTE SERVICES, INC.



Principal Place of Business 210 BROADWAY EAST CUYAHOGA FALLS OH 44222 US	Mailing Address 210 BROADWAY EAST CUYAHOGA FALLS OH 44222 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 EXECUTIVE PKWY W Suite, Apt. #, etc.		2a. Mailing Address 26 300 EXECUTIVE PKWY W Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/09/1975	
22 City & State 23 HUDSON, OHIO		27 City & State 28 HUDSON, OHIO		4. FEI Number 61-0667027	
24 44236		29 44236		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 USA		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPT	1.1 TITLE	VPT
NAME	SCHULTE, JAMES	1.2 NAME	SUSAN ADAMS
STREET ADDRESS	210 BROADWAY EAST	1.3 STREET ADDRESS	300 EXECUTIVE PARKWAY WEST
CITY-ST-ZIP	CUYAHOGA FALLS OH 44222	1.4 CITY-ST-ZIP	HUDSON, OH 44236
TITLE	CP	2.1 TITLE	
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	3.1 TITLE	
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	AS	4.1 TITLE	
NAME	WOZNAK, GREG	4.2 NAME	
STREET ADDRESS	ONE VISION DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENFIELD CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	LANDRY, GREGORY G	5.2 NAME	
STREET ADDRESS	ONE VISION DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ENFIELD CT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME	Release change all addresses to:		
STREET ADDRESS			
CITY-ST-ZIP			
		300 EXECUTIVE PARKWAY WEST HUDSON, OH 44236	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: X SUSAN ADAMS 4-13-98

CR2E034 (10/97)