

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838485 (1)
 1. Corporation Name
MONARCH MARKING SYSTEMS, INC.



Principal Place of Business 175 & BYERS RD. MIAMISBURG, OHIO P.O. BOX 608 DAYTON OH 45401	Mailing Address MONARCH MARKING SYSTEMS P.O. BOX 608 DAYTON OH 45401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/25/1977
4. FEI Number 06-0861226		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 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	
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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	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAXTON, JOHN	1.2 NAME	Cassady, Kenneth
STREET ADDRESS	5602 E. GALBRAITH	1.3 STREET ADDRESS	4516 Morris Court
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	Mason, OH 45040
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSADY, KENNETH	2.2 NAME	Mangieri, Rhonda
STREET ADDRESS	6148 A FIRESIDE DR	2.3 STREET ADDRESS	8988 Cypresspoint Lane
CITY-ST-ZIP	CENTERVILLE OH	2.4 CITY-ST-ZIP	Cincinnati, OH 45249
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHIP, DANIEL	3.2 NAME	Sennett, William L.
STREET ADDRESS	5605 KUGLER MILL ROAD	3.3 STREET ADDRESS	5584 Eagle Lane
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	West Chester, OH 45069
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINK, JEFFREY	4.2 NAME	
STREET ADDRESS	20 CASCADE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGBORO OH	4.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEMKER, THOMAS	5.2 NAME	Paxton, John W.
STREET ADDRESS	50 SUNNIE HOLME DRIVE	5.3 STREET ADDRESS	9005 Cunningham Road
CITY-ST-ZIP	FAIRFIELD CT	5.4 CITY-ST-ZIP	Cincinnati, OH 45243
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, PAUL	6.2 NAME	Bishop, Daniel S.
STREET ADDRESS	140 EAST 33RD STRET, APT. 7A	6.3 STREET ADDRESS	20 Old Orchard Drive
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	Weston, CT 06883

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.

SIGNATURE:  **Jeffrey S. Sink, Vice President Finance** 1/30/98

CR2E034 (10/97)