

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90123 002 \*\*\*150.00

481 (06/98)

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 838485**

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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>05/25/1977</b>	
4. FEI Number <b>06-0861226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAXTON, JOHN</b>	
STREET ADDRESS	<b>5602 E. GALBRAITH</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSADY, KENNETH</b>	
STREET ADDRESS	<b>4516 MORRIS CT</b>	
CITY-ST-ZIP	<b>MASON OH 45040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BISHOP, DANIEL S</b>	
STREET ADDRESS	<b>20 OLD ORCHARD DR</b>	
CITY-ST-ZIP	<b>WESTON CT 06883</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SINK, JEFFREY</b>	
STREET ADDRESS	<b>20 CASCADE COURT</b>	
CITY-ST-ZIP	<b>SPRINGBORO OH</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MANGIERI, RHONDA</b>	
STREET ADDRESS	<b>8988 CYPRESSPOINT LANE</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45249</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SENNETT, WILLIAM L</b>	
STREET ADDRESS	<b>5584 EAGLE LANE</b>	
CITY-ST-ZIP	<b>WEST CHESTER OH 45069</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP &amp; Assistant Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PLAXE, JACK R</b>	
1.3 STREET ADDRESS	<b>6 EAGLE NEST ROAD</b>	
1.4 CITY-ST-ZIP	<b>MORRISTOWN, NJ 07960</b>	
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	<b>D &amp; Assistant Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BISHOP, DANIEL S</b>	
3.3 STREET ADDRESS	<b>20 OLD ORCHARD DR</b>	
3.4 CITY-ST-ZIP	<b>WESTON CT 06883</b>	
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 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, with all other like empowered.

SIGNATURE: Jeffrey Sink RVP Finance & Treasurer 2/24/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)