

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90028 017 ***150.00

DOCUMENT # 838485

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0861226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1210 HAYS STREET

City
TALLAHASSEE

FL

Zip Code
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **CAROL K. DOLOR, ASSISTANT VICE PRESIDENT (ATTACHMENT)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
PLAXE, JACK R
STREET ADDRESS
6 EAGLE NEST ROAD
CITY-ST-ZIP
MORRISTOWN NJ 07960

TITLE
☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
P ☐ Delete
NAME
PROUD, H J
STREET ADDRESS
3625 WOOD HOLLOW DRIVE
CITY-ST-ZIP
DAYTON OH 45429

TITLE
☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
V ☐ Delete
NAME
SINK, JEFFREY
STREET ADDRESS
20 CASCADE COURT
CITY-ST-ZIP
SPRINGBORO OH

TITLE
☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
VP ☐ Delete
NAME
MANGIERI, RHONDA
STREET ADDRESS
8988 CYPRESSPOINT LANE
CITY-ST-ZIP
CINCINNATI OH 45249

TITLE
☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
S ☒ Delete
NAME
SENNETT, WILLIAM L
STREET ADDRESS
5584 EAGLE LANE
CITY-ST-ZIP
WEST CHESTER OH 45069

TITLE
☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
S ☐ Delete
NAME
ROBERT S. STONE
STREET ADDRESS
705 BURR FARMS ROAD
CITY-ST-ZIP
MOUNT KISCO, NY 10549

TITLE
☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Jeffrey Sink, Vice President, Finance** 3/6/01 9377865-2123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)