

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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham DIVISION OF CORPORATIONS
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DOCUMENT # 834475- 846721

1. Corporation Name

SIMPLIMATIC ENGINEERING COMPANY

Principal Place of Business 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502	Mailing Address 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/06/79

2. Principal Place of Business 21 1320 WARDS FERRY ROAD Suite, Apt. #, etc. 22 City & State 23 LYNCHBURG, VA Zip 24 24502	2a. Mailing Address 26 1320 WARDS FERRY ROAD Suite, Apt. #, etc. 27 City & State 28 LYNCHBURG, VA Zip 29 24502
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4. FEI Number
54-0795235

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	C.T. CORPORATION SYSTEMS
82 Street Address (P.O. Box Number is Not Acceptable)	1200 S. PINE ISLAND RD
83	
84 City	PLANTATION
85 FL	86 Zip Code
	33324

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT/CEO/DIR <input type="checkbox"/> DELETE B. DOUGLAS GOODELL 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502
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1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES/CFO/TREAS <input type="checkbox"/> DELETE GARY E. VAUGHN 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502
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2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXEC VICE PRES/DIR <input type="checkbox"/> DELETE JAMES PARKER 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502
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3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRES-INTL SALES <input type="checkbox"/> DELETE JERRY EAST 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502
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4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 16/25
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/ASST SEC/DIR <input type="checkbox"/> DELETE JOHN F. KIRBY 127 PUBLIC SQUARE, 4TH FL CLEVELAND, OH 44114
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5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> DELETE MARK HARTMAN 1320 WARDS FERRY ROAD LYNCHBURG, VA 24502
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6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000257210 -06/25/98- 01004- 025 ***150.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-98 484 562-1200