

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 26 AM 7:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 852232 (8)**

1. Corporation Name  
**GK TECHNOLOGIES, INCORPORATED**

Principal Place of Business: **4 TESSENEER DR HIGHLAND HEIGHTS KY 41076 US**

Mailing Address: **4 TESSENEER DR HIGHLAND HEIGHTS KY 41076 US**

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 (30)

3. Date Incorporated or Qualified: **03/17/1982**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **13-3064555**

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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>WALKER, RONALD F.</b>
STREET ADDRESS	<b>9100 SHAWNEE RUN RD.</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<b>VP</b>
NAME	<b>SCHWAB, JAMES E.</b>
STREET ADDRESS	<b>6875 WYMAN LANE</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<b>V</b>
NAME	<b>KENNY, GREGORY B.</b>
STREET ADDRESS	<b>4945 BURLEY HILLS DR</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<b>VSD</b>
NAME	<b>SIVERO, ROBERT J.</b>
STREET ADDRESS	<b>8051 BRILL RD.</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	<b>V</b>
NAME	<b>STREET, DAVID H.</b>
STREET ADDRESS	<b>6475 GIVEN ROF</b>
CITY - ST - ZIP	<b>CINCINNATI OH</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>STEPHEN RABINOWITZ</b>	
1.3 STREET ADDRESS	<b>900 ADAM'S LANDING</b>	
1.4 CITY - ST - ZIP	<b>CINTI., OH 45202</b>	
2.1 TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOSEPH M. FLAMINGO</b>	
2.3 STREET ADDRESS	<b>8176 GLENMILL CT.</b>	
2.4 CITY - ST - ZIP	<b>CINTI., OH 45249</b>	
3.1 TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>EVP/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>CHRISTOPHER F. VIRGULAK</b>	
5.3 STREET ADDRESS	<b>8124 STARTING GATE LN.</b>	
5.4 CITY - ST - ZIP	<b>CINTI., OH 45249</b>	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Robert J. Siverd **Robert J. Siverd** 4/20/95 **4/20/95 606-572-8000**

(Signature and typed or printed name of signing officer or director) (Date) (Telephone Number)