

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90116 033 \*\*\*150.00

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 # 852232**

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

Principal Place of Business <b>4 TESSENEER DR                  HIGHLAND HEIGHTS KY 41076                  US</b>	Mailing Address <b>4 TESSENEER DR                  HIGHLAND HEIGHTS KY 41076                  US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/17/1982</b>	
4. FEI Number <b>13-3064555</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 <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Trust Fund Contribution <input type="checkbox"/>	
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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RABINOWITZ, STEPHEN</b>	1.2 NAME	
STREET ADDRESS	<b>900 ADAM'S LANDING</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, GREGORY B.</b>	2.2 NAME	
STREET ADDRESS	<b>4945 BURLEY HILLS DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPDS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIVERD, ROBERT J.</b>	3.2 NAME	
STREET ADDRESS	<b>8051 BRILL RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIRGULAK, CHRISTOPHER F</b>	4.2 NAME	
STREET ADDRESS	<b>8124 STARTING GATE LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS WHELAN</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHALEN, JEFFREY J.</b>	5.2 NAME	
STREET ADDRESS	<b>9006 PATRICKS GLEN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH 45242</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 J. Whelan **SIGNATURE REQUIRED** Jeffrey J. Whelan, Asst. Secretary  
 606-572-8743  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)