FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000127 (2)**

1. Corporation Name
MARTA TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
25101 CHAGRIN BOULEVARD BEACHWOOD OH 44122	25101 CHAGRIN BOULEVARD BEACHWOOD OH 44122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/05/1992	04/29/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	34-1721126	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PAUL, ROBERT G	1.2 NAME	
STREET ADDRESS	25101 CHAGRIN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH 44122	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	YOUDELMAN, ROBERT A	2.2 NAME	
STREET ADDRESS	25101 CHAGRIN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH 44122	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	☐ Change ☐ Addition
NAME	FOLAN, MCDARA P III	3.2 NAME	
STREET ADDRESS	25101 CHAGRIN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH 44122	3.4 CITY-ST-ZIP	
TITLE	VPTD	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JOHN C III	4.2 NAME	
STREET ADDRESS	25101 CHAGRIN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH 44122	4.4 CITY-ST-ZIP	
TITLE	VPCD	5.1 TITLE	☐ Change ☐ Addition
NAME	LEPORTE, JAMES A III	5.2 NAME	
STREET ADDRESS	25101 CHAGRIN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH 44122	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	AMIRA, ALAN J	6.2 NAME	
STREET ADDRESS	25101 CHAGRIN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH 44122	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 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] ASST SEC 4/11/95 214-765-5808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

046A00 FP