

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90190 019 ***150.00

DOCUMENT # F92000000127

1. Corporation Name
MARTA TECHNOLOGIES, INC.

Principal Place of Business
25101 CHAGRIN BOULEVARD
BEACHWOOD OH 44122

Mailing Address
25101 CHAGRIN BOULEVARD
BEACHWOOD OH 44122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1992

4. FEI Number

34-1721126

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 the current year intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 289 PLUS PARK BLVD

2a. Mailing Address

26 289 PLUS PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NASHVILLE, TN

City & State

28 NASHVILLE, TN

Zip

24 37217

Country

25 USA

Zip

29 37217

Country

30 USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME PAUL, ROBERT G
STREET ADDRESS 25101 CHAGRIN BLVD.
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE VPD ☒ DELETE

NAME YODELMAN, ROBERT A
STREET ADDRESS 25101 CHAGRIN BLVD.
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE VPS ☒ DELETE

NAME FOLAN, MCDARA P III
STREET ADDRESS 25101 CHAGRIN BLVD.
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE VTCD ☒ DELETE

NAME LEPORTE, JAMES A
STREET ADDRESS 25101 CHAGRIN BOULEVARD
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE AS ☒ DELETE

NAME AMIRA, ALAN J
STREET ADDRESS 25101 CHAGRIN BLVD
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME JERRY W. CARTER
1.3 STREET ADDRESS 289 PLUS PARK BLVD
1.4 CITY-ST-ZIP NASHVILLE, TN 37217

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME SCOTT HAFTMANN
2.3 STREET ADDRESS 7 KAPLES ROAD
2.4 CITY-ST-ZIP EAST GRANBY, CT 06026

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

615-360-2500

Daytime Phone #

CR2E034 (11/98)

0524394