

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

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005676 (2)

1. Corporation Name

Marketing Force, Inc.

Principal Place of Business

Mailing Address

REINSTATEMENT

97 DEC 18 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 None

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 One Univac Lane

Suite, Apt. #, etc.

27

City & State

28

Windsor, CT

29

06095

30

USA

3. Date Incorporated or Qualified

12/15/93

3a. Date of Last Report

04/25/95

4. FEI Number

38-3129267

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 has liability for intangible tax under s 199.032,
Florida Statutes Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 PD
NAME Decklever, William O.
STREET ADDRESS Rochester Hills, MI 48309
CITY - ST - ZIP ☒ DELETE

TITLE S
NAME Stigler, David M.
STREET ADDRESS Windsor, CT 06095
CITY - ST - ZIP ☐ DELETE

TITLE D
NAME Morris, Larry G.
STREET ADDRESS Windsor, CT 06095
CITY - ST - ZIP ☒ DELETE

TITLE D
NAME Durrett, Joseph P.
STREET ADDRESS Windsor, CT 06095
CITY - ST - ZIP ☒ DELETE

TITLE D
NAME Kamerschen, Robert
STREET ADDRESS Windsor, CT 06095
CITY - ST - ZIP ☒ DELETE

TITLE VSD
NAME Dunn, Lawrence
STREET ADDRESS Rochester Hills, MI 48309
CITY - ST - ZIP ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☐ Change ☒ Addition
1.2 NAME J. Tracy Forbes
1.3 STREET ADDRESS Windsor, CT 06095
1.4 CITY - ST - ZIP

2.1 TITLE Secretary/Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Vice President/Dir ☐ Change ☒ Addition
3.2 NAME Tarallo, Sebastian
3.3 STREET ADDRESS Windsor, CT 06095
3.4 CITY - ST - ZIP

4.1 TITLE Asst. Secretary ☐ Change ☒ Addition
4.2 NAME Tessier, Barbara
4.3 STREET ADDRESS Windsor, CT 06095
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 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Tracy Forbes

11/25/97

Date

(860) 285-6100

Daytime Phone #