

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -2 PH 3: 07

**DOCUMENT # F94000000672 (5)**

1. Corporation Name

**GRIFFIN TECHNOLOGY INCORPORATED**

Principal Place of Business

Mailing Address

1133 CORPORATE DR  
FARMINGTON NY 14425

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FARMINGTON NY 14425

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

02/10/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

2c

16-0864416

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be Added to Fees

City & State

City & State

Trust Fund Contribution

23

28

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301

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 607.1509, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VST
NAME	MURRER, JOSEPH A
STREET ADDRESS	96 EILEEN DR
CITY - ST - ZIP	ROCHESTER NY
TITLE	D
NAME	MACLECHIE, GRAEME
STREET ADDRESS	ONE DUNHAM PLACE
CITY - ST - ZIP	IRVINGTON NY
TITLE	D
NAME	PACALA, VIRGINIA S
STREET ADDRESS	3515 ELMWOOD AVE
CITY - ST - ZIP	ROCHESTER NY
TITLE	D
NAME	ROMAN, NED W
STREET ADDRESS	% NIXON HARGRAVE, ETAL
CITY - ST - ZIP	ROCHESTER NY
TITLE	D
NAME	ROSER, JAMES L. D.
STREET ADDRESS	1103 SPRUCE ST
CITY - ST - ZIP	BOULDER CO
TITLE	PCD
NAME	URLAND, ROBERT S
STREET ADDRESS	207 WHISPERING HILLS
CITY - ST - ZIP	VICTOR NY

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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

*Joseph A. Murrer* JOSEPH A. MURRER

1/16/95

(716) 924-7121