

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000672 (5)**

1. Corporation Name
GRIFFIN TECHNOLOGY INCORPORATED



Principal Place of Business: 1133 CORPORATE DR FARMINGTON NY 14425
Mailing Address: 1133 CORPORATE DR FARMINGTON NY 14425

3. Date Incorporated or Qualified: 02/10/1994
3a. Date of Last Report: 02/02/1995

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

4. FEI Number: 16-0864416
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

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 607.1508, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	MURRER, JOSEPH A	
STREET ADDRESS	96 EILEEN DR	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACLETCHIE, GRAEME	
STREET ADDRESS	ONE DUNHAM PLACE	
CITY-ST-ZIP	IRVINGTON NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PACALA, VIRGINIA S	
STREET ADDRESS	3515 ELMWOOD AVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROMAN, NED W	
STREET ADDRESS	% NIXON HARGRAVE, ETAL	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSER, JAMES L. D.	
STREET ADDRESS	1103 SPRUCE ST	
CITY-ST-ZIP	BOULDER CO	
TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	URLAND, ROBERT S	
STREET ADDRESS	297 WHISPERING HILLS	
CITY-ST-ZIP	VICTOR NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GERALD P. MORRIS	
1.3 STREET ADDRESS	6683 MILITIA HILL NW	
1.4 CITY-ST-ZIP	CANTON, OH 44718	
2.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GREGG A. SEARLE	
2.3 STREET ADDRESS	2534 DEER HOLLOW DR	
2.4 CITY-ST-ZIP	HUDSON, OH 44236	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHAREE FRANCIS-VOGELSONG	
3.3 STREET ADDRESS	7799 HEARTHSTONE AVE	
3.4 CITY-ST-ZIP	N. CANTON, OH 44720	
4.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT J. WARREN	
4.3 STREET ADDRESS	1025 CHELMSFORD NW	
4.4 CITY-ST-ZIP	N. CANTON, OH 44720	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROBERT S. URLAND	
6.3 STREET ADDRESS	297 WHISPERING HILLS	
6.4 CITY-ST-ZIP	VICTOR, NY 14584	

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: *Robert S. Urland* DATE: 4/30/96 (716) 924-7121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT S. URLAND

CR2E034 (12/95)