

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000000672**

1. Entity Name  
**GRIFFIN TECHNOLOGY INCORPORATED**



Principal Place of Business  
**1133 CORPORATE DR  
FARMINGTON, NY 14425**

Mailing Address  
**1133 CORPORATE DR  
FARMINGTON, NY 14425**

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**16-0864416**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE VS  
NAME FRANCIS-VOGELSANG, CHAREE  
STREET ADDRESS 7799 HEARTHSTONE AVE  
CITY-ST-ZIP N CANTON, OH

TITLE VTD  
NAME WARREN, ROBERT J.  
STREET ADDRESS 1025 CHELMS FORD NW  
CITY-ST-ZIP N CANTON, OH

TITLE VPAS  
NAME DETTINGER, WARREN WALTER  
STREET ADDRESS 5237 BIRKDALE, NW  
CITY-ST-ZIP CANTON, OH

TITLE PATD  
NAME GESWEIN, GREGORY T  
STREET ADDRESS 10 QUAIL RIDGE DRIVE  
CITY-ST-ZIP BENTLEYVILLE, OH 44022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000165190  
07/12/04-80003-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert J Warren VP/Treasurer 330-492-6810**

Date

Daytime Phone #