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FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002731 (7)

1. Corporation Name
RFM GROUP, INC.



Principal Place of Business

* H. CHARLES KESSLER, III
ACCIPITER CORPORATION, 791 WYE RD
AKRON OH 44333

Mailing Address

* H. CHARLES KESSLER, III
ACCIPITER CORPORATION, 791 WYE RD
AKRON OH 44333

2. Principal Place of Business

21 791 WYE RD

Suite, Apt. #, etc.

22 City & State
23 AKRON OHIO

24 Zip 44333 Country

2a. Mailing Address

26 791 WYE RD

Suite, Apt. #, etc.

27 City & State
28 AKRON, OH

29 Zip 44333 Country

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

02/14/1996

4. FEI Number

34-1766329

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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	PD	<input type="checkbox"/> DELETE
NAME	MEYERSON, ROBERT F	
STREET ADDRESS	16488 CAPTIVA RD	
CITY- ST- ZIP	CAPTIVA ISLAND FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MURPHY, ELIZABETH	
STREET ADDRESS	791 WYE RD	
CITY- ST- ZIP	AKRON OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KESLER, H. CHARLES III	
STREET ADDRESS	791 WYE RD	
CITY- ST- ZIP	AKRON OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MEYERSON, ROBERT F	
1.3 STREET ADDRESS	16488 CAPTIVA RD	
1.4 CITY- ST- ZIP	CAPTIVA ISLAND, FL	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MURPHY, ELIZABETH	
2.3 STREET ADDRESS	791 WYE RD	
2.4 CITY- ST- ZIP	AKRON, OH 44333	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MEYERSON, ADAM	
3.3 STREET ADDRESS	791 WYE RD	
3.4 CITY- ST- ZIP	AKRON, OH 44333	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GOREK, KATHY	
4.3 STREET ADDRESS	791 WYE RD	
4.4 CITY- ST- ZIP	AKRON, OH 44333	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/97

330-666-6380

0527556

CR2E034 (9/96)