

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 # F95000001683 (0)

1. Corporation Name

PRODUCTIVITY TECHNOLOGIES GROUP, INC. (PTG)

Principal Place of Business

3150 HOLCOMB BRIDGE ROAD NW, SUITE 220
NORCROSS GA 30071

Mailing Address

3150 HOLCOMB BRIDGE ROAD NW, SUITE 220
NORCROSS GA 30071



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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/06/1995	
4. FEI Number	Applied For
05-4263312 58-2214125	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCNAMARA, GREG
2170 WEST STATE ROAD 434, STE. 366
LONGWOOD FL 32779

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 date (required)

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	PRAED, NORMAN M	1.2 NAME	
STREET ADDRESS	8560 WOODLEDGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	1.4 CITY-ST-ZIP	
TITLE	CVT	2.1 TITLE	
NAME	YOUNG, J. MICHAEL	2.2 NAME	
STREET ADDRESS	1115 OAKLAND TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30319	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	MCNAMARA, GREG	3.2 NAME	
STREET ADDRESS	505 WEKIVA SPRINGS ROAD, #500	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

4/30/96

(770) 840-7550

NORMAN M. PRAED (222-14125) CP

CR2E034 (12/95)