

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002668 (0)

1. Corporation Name

GENSAR TECHNOLOGIES INC.

Principal Place of Business

Mailing Address

1511 NORTH WESTSHORE BLVD.
TAMPA FL 33667

1511 NORTH WESTSHORE BLVD.
TAMPA FL 33667



3. Date Incorporated or Qualified

3a. Date of Last Report

06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

59-2950279

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

22

27

23

28

Zip

Country

Zip

Country

24

29

33607

33607

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

OLSON, LYNNE
GENSAR TECHNOLOGIES INC.
1511 NORTH WESTSHORE BLVD.
TAMPA FL 33667

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]
Signature (typed or printed name of registered agent or director, if applicable)

[Signature]
Signature (typed or printed name of registered agent or director, if applicable)

NOTE: Registered Agent's signature required when changing.

[Signature]
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DCEO			<input type="checkbox"/>
	SHAH, BIPIN C	2600 PAPER MILL ROAD	HUNTINGDON VALLEY PA 19006	
	DCFO			<input type="checkbox"/>
	DILLET, GREGORY C	2600 PAPER MILL ROAD	HUNTINGDON VALLEY PA 19006	
	D			<input type="checkbox"/>
	RAUNER, BRUCE	6100 SEARS TOWER	CHICAGO IL 60606	
	D			<input checked="" type="checkbox"/>
	DONNINI, DAVID	6100 SEARS TOWER	CHICAGO IL 60606	
	V			<input type="checkbox"/>
	STAUB, GARY T	2600 PAPER MILL ROAD	HUNTINGDON VALLEY PA 19006	
	V			<input type="checkbox"/>
	CONNELLEY, JEFFREY	1511 N WESTSHORE BLVD.	TAMPA FL 33607	

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 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 617, 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

[Signature]

813-286-8551

CR2E034 (3/96)