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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005170 (4)** NC 12-6-95 AEB

1. Corporation Name

~~NEW META LICENSING CORPORATION~~ Metanetics Corporation

Principal Place of Business	Mailing Address
43 BARKLEY CIRCLE FT MYERS FL 33224	43 BARKLEY CIRCLE FT MYERS FL 33224

3. Date Incorporated or Qualified: 10/24/1995 | 3a. Date of Last Report:

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

4. FEI Number: 65-0619590 ☐ 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

C.T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~NC~~ SWANK, DAVID B 4000 EMBASSY PARKWAY, SUITE 300 AKRON OH 44333	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Vice Chairman D Swank, David B. 4000 Embassy Parkway, Suite 300 Akron, OH 44333	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SEOD~~ WANG, YNJIUN P 43 BARKLEY CIRCLE FT MYERS FL 33907	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	CPCEOD Wang, Ynjiun P 43 Barkley Circle Ft. Myers, FL 33907	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VTAS~~ ~~HAVER, KENNETH W~~ ~~3330 WEST MARKET STREET~~ ~~AKRON OH 44334-0582~~	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	T Gerald J. Gabriel 3330 West Market Street Akron, OH 44334-0582	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ FAEGES, JAY R 100 ERIEVIEW PLAZA, 27TH FL. CLEVELAND OH 44114	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANG, YUNG F 43 BARKLEY CIRCLE FT MYERS FL 33907	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	200001822452 -05/15/96--01052--005 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EBERLE, ROBERT A S. 801 STEVENS/ P.O. BOX 179 SPOKANE WA 99210-0179	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	AEB 5-1-96	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ 4/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #