

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000006288 (3)**

1. Corporation Name

SHANER GP ONE, INC.



Principal Place of Business

**303 SCIENCE PARK ROAD
STATE COLLEGE PA 16803**

Mailing Address

**303 SCIENCE PARK ROAD
STATE COLLEGE PA 16803**

2. Principal Place of Business

21 **303 N SCIENCE PARK ROAD**

Suite, Apt. #, etc.

22 City & State

23 Zip **16803-2215**

Country **US**

2a. Mailing Address

26 **303 N SCIENCE PARK ROAD**

Suite, Apt. #, etc.

27 City & State

28 Zip **16803-2215**

Country **US**

3. Date Incorporated or Qualified

12/27/1995

3a. Date of Last Report

N/A

4. FEL Number

-APPLIED FOR- 25-1778540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 the corporation

(Initials) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **SHANER, FREDERICK J**
STREET ADDRESS **303 SCIENCE PARK ROAD**
CITY-STATE-ZIP **STATE COLLEGE PA**

TITLE **VCD** ☐ DELETE
NAME **SHANER, LANCE T**
STREET ADDRESS **303 SCIENCE PARK ROAD**
CITY-STATE-ZIP **STATE COLLEGE PA**

TITLE **S** ☐ DELETE
NAME **HULBURT, PETER K**
STREET ADDRESS **303 SCIENCE PARK ROAD**
CITY-STATE-ZIP **STATE COLLEGE PA**

TITLE **T** ☐ DELETE
NAME **STREETS, DANIEL W**
STREET ADDRESS **303 SCIENCE PARK ROAD**
CITY-STATE-ZIP **STATE COLLEGE PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **303 N SCIENCE PARK ROAD**
14 CITY-STATE-ZIP **STATE COLLEGE PA 16803-2215**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **303 N SCIENCE PARK ROAD**
24 CITY-STATE-ZIP **STATE COLLEGE PA 16803-2215**

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **303 N SCIENCE PARK ROAD**
34 CITY-STATE-ZIP **STATE COLLEGE PA 16803-2215**

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS **303 N SCIENCE PARK ROAD**
44 CITY-STATE-ZIP **STATE COLLEGE PA 16803-2215**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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:

Peter K. Hulburt

4-23-96

814-234-4460

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)