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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # ~~J98315~~ (1)

1. Corporation Name VLOC INCORPORATED F96000000510
~~LIGHTNING OPTICAL CORPORATION~~
II-VI Lightning Optical Incorporated N/C 2.22.96

Principal Place of Business	Mailing Address
431 E SPRUCE ST TARPON SPRINGS FL 34689	431 E SPRUCE ST TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 10/21/1987
3a. Date of Last Report: 02/24/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 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: ~~59-2001548~~ 25-1780903 ☐ 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

JOHNSON, PAUL J, JR
1316 RIVERVIEW DR
TARPON SPRINGS FL 34689

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	JOHNSON, PAUL J., JR.		1.2 NAME	Steven L. Sacone	
STREET ADDRESS	1316 RIVERVIEW DR.		1.3 STREET ADDRESS	4696 Devonshire Blvd.	
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	V	☒ DELETE	2.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	IGNATUK, WAYNE R.		2.2 NAME	Francis J. Kramer	
STREET ADDRESS	633 GEORGIA AVE		2.3 STREET ADDRESS	10491 Allante Court	
CITY-ST-ZIP	CRYSTAL BEACH FL		2.4 CITY-ST-ZIP	Gibsonia, PA 15044	
TITLE	S	☒ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	OLES, J. CHRISTOPHER		3.2 NAME	James Martinelli	
STREET ADDRESS	[redacted]		3.3 STREET ADDRESS	104 Bowie Lane	
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP	Valencia PA 16059	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	300002072495	
STREET ADDRESS			6.3 STREET ADDRESS	-01/29/97--01053--028	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***165.00	

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: _____ 5/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0378663 CP