

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002713 (3)**  
 1. Corporation Name  
**OPTEX, INC.**



Principal Place of Business <b>4880 BLAZER PKWY DUBLIN OH 43017</b>	Mailing Address <b>4880 BLAZER PKWY DUBLIN OH 43017-3302</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/28/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>31-1342820</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>AVILA, MANUEL A                  LAWYERS PLAZA-5TH FLR 2250 SE 3RD AVE                  MIAMI FL 33129</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>4880 BLAZER PKWY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUBLIN OH 43017</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>4880 BLAZER PKWY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUBLIN OH 43017</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DCP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUIDER, MICHAEL A</b>	3.2 NAME	
STREET ADDRESS	<b>4880 BLAZER PKWY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUBLIN OH 43017</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JUDITH W</b>	4.2 NAME	<b>Johnson, Judith W.</b>
STREET ADDRESS	<b>2500 GORP EXCHANGE DR #250</b>	4.3 STREET ADDRESS	<b>4555 Lyman Drive</b>
CITY - ST - ZIP	<b>COLUMBUS OH 43017</b>	4.4 CITY - ST - ZIP	<b>Hilliard, OH 43026</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>105 MAYODAN</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARRY NC 27511</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ **REQUIRED** **4/25/97** **(614) 793 8443**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)