

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

FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000242 (4)

1. Corporation Name  
VIKIMATIC SALES, INC.

Principal Place of Business  
600 PLUM CREEK  
WADSWORTH OH 44281

Mailing Address  
600 PLUM CREEK  
WADSWORTH OH 44281



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/15/1997

4. FEI Number  
34-1382546

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
ALLEN, JERRY  
6749 GREENWICH RD.  
WESTERFIELD CENTER OH ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ALLEN, JORJA  
6749 GREENWICH RD.  
WESTERFIELD CENTER OH ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FRASURE, WILLIAM  
11713 WALTON PLACE  
NAPLES FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Vice Pres. - Operations  
Mary Allen  
821 Shagbark  
Medina, OH 44256 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VP CFO, Sec'y  
Earl Bellisario  
633 8th St  
Oakmont PA 15139 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VP Sales  
Pete Spehr  
845 Ridge Rd.  
Fairlawn OH 44332 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Exec. VP Sales + Operations  
William Reed  
2108 Big Sandy Court  
Gold River, CA 95670 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Mar 04 1998

Daytime Phone #

0522458

CP2E034 (10/97)