

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003724 (8)

1. Corporation Name

MASS TRANSFER SYSTEMS, INC.



Principal Place of Business

4100 HOLIDAY ST STE 201
CANTON OH 44718

Mailing Address

4100 HOLIDAY ST STE 201
CANTON OH 44718

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number

A 34-1820944

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 owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 2025B Porter Lake Drive

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34240

Country

25 USA

2a. Mailing Address

26 100 Waldron Road

Suite, Apt. #, etc.

27

City & State

28 Fall River, MA

Zip

29 02720-4732

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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 CD
NAME ROSS, CHET S
STREET ADDRESS 4100 HOLIDAY ST STE 201
CITY-ST-ZIP CANTON OH 44718 ☐ DELETE

TITLE CD
NAME VANTUSKO, MICHAEL J
STREET ADDRESS 4100 HOLIDAY ST STE 201
CITY-ST-ZIP CANTON OH 44718 ☐ DELETE

TITLE DP
NAME NEVILLE, MARK E
STREET ADDRESS 100 WALDRON RD
CITY-ST-ZIP FALL RIVER MA 02720 ☐ DELETE

TITLE DV
NAME SHINO, FREDERICK J
STREET ADDRESS 100 WALDRON RD
CITY-ST-ZIP FALL RIVER MA 02720 ☐ DELETE

TITLE S
NAME DONATINI, KATHLEEN S
STREET ADDRESS 4100 HOLIDAY ST STE 201
CITY-ST-ZIP CANTON OH 44718 ☐ DELETE

TITLE D
NAME SAVASTANO, THEODORE F
STREET ADDRESS 4100 HOLIDAY ST STE 201
CITY-ST-ZIP CANTON OH 44718 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

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.

CR2E034 (10/97)