

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000004972

1. Corporation Name  
SARCOM, INC. OF OHIO

Principal Place of Business

8405 PULSAR PL.  
COLUMBUS OH 43240

Mailing Address

8405 PULSAR PL.  
COLUMBUS OH 43240

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90087 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

31-1052674

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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 DP  
NAME WILCOX, JAMES R  
STREET ADDRESS 8405 PULSAR PL.  
CITY-ST-ZIP COLUMBUS OH 43240

TITLE DS  
NAME KING, DAVE  
STREET ADDRESS 101 E. 52ND ST., 31ST FL.  
CITY-ST-ZIP NEW YORK NY 10022

TITLE DCEO  
NAME TAYLOR, TOM  
STREET ADDRESS 4041 MACARTHUR BLVD., STE. 375  
CITY-ST-ZIP NEWPORT BEACH CA 92660

TITLE D  
NAME COLLINS, PHIL  
STREET ADDRESS 3000 SAND HILL RD., BLDG. 3, STE. 290  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE D  
NAME ZUCKERMAN, STEVE  
STREET ADDRESS 3000 SAND HILL RD., BLDG. 3, STE. 290  
CITY-ST-ZIP MENLO PARK OH 94025

TITLE D  
NAME HOST, THEODORE J  
STREET ADDRESS 10019 WELLINGTON BLVD.  
CITY-ST-ZIP POWELL OH 43065

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME PETER STRUZZI  
1.3 STREET ADDRESS 8405 PULSAR PLACE  
1.4 CITY-ST-ZIP COLUMBUS, OH- 43240

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

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

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

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

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)