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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90123 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006581

1. Corporation Name
INTRINSYNC TECHNOLOGY, INC.

Principal Place of Business 11235 METRO PKWY SE FT MYERS FL 33912 US	Mailing Address 11235 METRO PKSWY SE FT MYERS FL 33912 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 30		3. Date Incorporated or Qualified 12/12/1997	4. FEI Number 38-3375674	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent DARBY, RICHARD L 11235 METRO PKWY., S.E. FT MYERS FL 33912		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	
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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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, ROBERT R	1.2 NAME	
STREET ADDRESS	3054 WINDCREST WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT JR, HARRY W	2.2 NAME	
STREET ADDRESS	4341 S WESTNEDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KALAMAZOO MI	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, RICHARD W	3.2 NAME	
STREET ADDRESS	23027 BLUE JAY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MATTAWAN MI	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARBY, RICHARD L	4.2 NAME	
STREET ADDRESS	11235 METRO PKWY SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, ROBERT R	5.2 NAME	
STREET ADDRESS	3054 WINDCREST WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	CHIEF FINANCIAL OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SCHAEFER, TIMOTHY C.
STREET ADDRESS		6.3 STREET ADDRESS	25541 INLET WAY CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135

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: Timothy C. Schaefer **TIMOTHY C. SCHAEFER** 1/15/99 (941) 936-7944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)