

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

FILED  
Mar 27 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 # F97000006670 (0)

1. Corporation Name

TELANTIS RESEARCH, INC.

Principal Place of Business

12511 WORLD PLAZA LANE  
FT MYERS FL 33907

Mailing Address

12511 WORLD PLAZA LANE  
FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

34-1850493

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

791 WYE ROAD

27

Suite, Apt. #, etc.

28

City & State

AKRON, OHIO

29

Zip

44333

Country

30

SUMMIT

9. Name and Address of Current Registered Agent

ACCIPITER II, INC.  
12501 WORLD PLAZA LANE  
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

ACCIPITER II, INC.

82

Street Address (P.O. Box Number is Not Acceptable)

12511 WORLD PLAZA LANE

83

84

City

FT. MYERS

FL

85

Zip Code

33907

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 BY: ACCIPITER II, INC. BY:

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
MEYERSON, ADAM H  
STREET ADDRESS  
791 WYE ROAD  
CITY-ST-ZIP  
AKRON OH

TITLE ☐ DELETE

NAME  
CHAMBERS, GREGORY J  
STREET ADDRESS  
791 WYE ROAD  
CITY-ST-ZIP  
AKRON OH

TITLE ☐ DELETE

NAME  
RINGE, MAVIS  
STREET ADDRESS  
12511 WORLD PLAZA LANE  
CITY-ST-ZIP  
FT MYERS FL

TITLE ☐ DELETE

NAME  
RINGE, MICHAEL  
STREET ADDRESS  
12511 WORLD PLAZA LANE  
CITY-ST-ZIP  
FT MYERS FL

TITLE ☐ DELETE

NAME  
DYER, RICHARD W  
STREET ADDRESS  
791 WYE ROAD  
CITY-ST-ZIP  
AKRON OH

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: ACCIPITER II, INC.

3-17-98

CR2E034 (10/97)