

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90132 039 ***158.75

DOCUMENT # F97000006670

1. Entity Name
TELANTIS RESEARCH, INC.

Principal Place of Business
**12511 WORLD PLAZA LANE
 FT MYERS FL 33907**

Mailing Address
**791 WYE ROAD
 AKRON OH 44333
 US**

2. Principal Place of Business
3500 EMBASSY PARKWAY

3. Mailing Address

Suite, Apt. #, etc.
SUITE 150

Suite, Apt. #, etc.

City & State
AKRON, OHIO

City & State

4. FEI Number
34-1850493

Applied For
 Not Applicable

Zip
44333

Country
U.S.A

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACCIPITER II, INC.
 12511 WORLD PLAZA LANE
 FT MYERS FL 33907**

Name
ACCIPITER II, INC
 Street Address (P.O. Box Number is Not Acceptable)

2180 IMMOKALEE ROAD, SUITE 311

City **NAPLES** FL Zip Code **34110**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Richard W. Dyer* **RICHARD W. DYER, PRESIDENT** **2/5/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT DYER, RICHARD W 791 WYE RD AKRON OH 44333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE MEYERSON, DAVID W 791 WYE RD AKRON OH 44333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FLORKA, RICHARD S 791 WYE RD AKRON OH 44333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CULOTTA, ELINOR M 791 WYE RD AKRON OH 44333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard W. Dyer* **SIGNATURE REQUIRED** **1/29/02** **(330) 664-3384**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)