

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED
 AND
 FILED

10/1

DOCUMENT # *F97000006670*
 1. Entity Name
 Telantis Research, Inc.

02 AUG -6 PM 4:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200007117522--6
 -08/14/02--01072--023
 *****183.75 *****61.25

2. Principal Place of Business
3500 EMBASSY PKWY
 Suite, Apt. #, etc.
SUITE 150
 City & State
 Akron, OH

3. Mailing Address
 791 Wye Road
 Suite, Apt. #, etc.
 City & State
 Akron, OH

Zip
 44333 Country
 US

4. FEI Number
 341850493 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
 CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Road

City
 Plantation FL Zip Code
 33324

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 *[Signature]* **James A. Bordonaro**
 Assistant Secretary DATE _____
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when changing agent.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/T/D/C Gerald J. Gabriel 791 Wye Road Akron, OH 44333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO Daniel G. Wall 791 Wye Road Akron, OH 44333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV/S Gregory J. Chambers 791 Wye Road Akron, OH 44333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert F. Meyerson 791 Wye Road Akron, OH 44333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alex L. Csiszar 791 Wye Road Akron, OH 44333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard S. Florka 791 Wye Road Akron, OH 44333	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald J. Gabriel* GERALD J. 7/24/02 330-666-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

AMENDED
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

2 of 2

DOCUMENT #
 1. Entity Name

02 AUG -6 PM 4:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City FL Zip Code

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.

James A. Bordonaro
 Assistant Secretary

SIGNATURE _____ DATE _____

FEE IS \$50.00
 Make Check Payable to Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	AT/AS
NAME	Elinor M. Culotta
STREET ADDRESS	791 Wye Road
CITY-ST-ZIP	Akron, OH 44333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gerald J. Gabriel **GERALD J. GABRIEL** 7/25/02 330-666-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E089B (12/01)

CT CORPORATION

CORPORATION(S) NAME

3) Telantis Research Inc.

RECEIVED
 02 AUG - 6 PM 2:24
 TALLAHASSEE, FL 32301
 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report Amended | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 8/6/02 Order#: 5520565

Availability _____

Document _____

Examiner _____ AAM Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____ Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615