

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90282 032 ***158.75

DOCUMENT # F97000006670

1. Entity Name

TELANTIS RESEARCH, INC.



Principal Place of Business

3700 EBASSY PKWY
 STE 150
 AKRON OH 44333

Mailing Address

791 WYE ROAD
 AKRON OH 44333
 US

2. Principal Place of Business

3500 EMBASSY PKWY

Suite, Apt. #, etc.
 STE 150

City & State
 AKRON, OHIO

Zip
 44333

Country

3. Mailing Address

3500 EMBASSY PKWY

Suite, Apt. #, etc.
 SUITE 150

City & State
 AKRON, OH

Zip
 44333

Country



MOORE

CR2E034 (11/03)

4. FEI Number

34-1850493

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD GABRIEL, GERALD J 791 WYE RD AKRON OH 44333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WALL, DANIEL G 791 WYE RD AKRON OH 44333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS CHAMBERS, GREGORY J 791 WYE RD AKRON OH 44333	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYERSON, ROBERT F 791 WYE RD AKRON OH 44333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CSISZAR, ALEX L 791 WYE ROAD AKRON OH 44333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLORKA, RICHARD S 791 WYE ROAD AKRON OH 44333	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAM H. MEYERSON 791 WYE RD AKRON, OH 44333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW S. MEYERSON 791 WYE RD AKRON, OH 44333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S ELINOR M. COLOTTA 791 WYE RD AKRON, OH 44333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, C ROBERT F. MEYERSON 791 WYE RD AKRON, OH 44333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T KATHY J. GOREK 791 WYE RD AKRON, OH 44333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathy J. Gorek, Treas.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 (330)664-1900
 Date Daytime Phone #