


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90115 016 ***158.75

DOCUMENT # F97000006670			
1. Entity Name TELANTIS RESEARCH, INC.			
Principal Place of Business 3500 EBASSY PKWY STE 150 AKRON OH 44333		Mailing Address 3500 EBASSY PKWY STE 150 AKRON OH 44333 US	
2. Principal Place of Business 791 WYE RD Suite, Apt. #, etc.		3. Mailing Address 791 WYE RD Suite, Apt. #, etc.	
City & State AKRON, OHIO		City & State AKRON, OH	
Zip 44333	Country	Zip 44333	Country

00049685



1st MOORE CR2E034 (10/04)

4. FEI Number 34-1850493		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D Delete <input type="checkbox"/>	NAME MEYERSON, ADAM H	TITLE D, EVP, S, T Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME MEYERSON, ADAM H.
STREET ADDRESS 791 WYE RD	CITY-ST-ZIP AKRON OH 44333	STREET ADDRESS 791 WYE RD	CITY-ST-ZIP AKRON, OH 44333
TITLE PCEO Delete <input checked="" type="checkbox"/>	NAME WALL, DANIEL G	TITLE D, P, CEO Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME WYSS, MICHAEL A.
STREET ADDRESS 791 WYE RD	CITY-ST-ZIP AKRON OH 44333	STREET ADDRESS 791 WYE RD	CITY-ST-ZIP AKRON, OH 44333
TITLE D Delete <input checked="" type="checkbox"/>	NAME MEYERSON, ANDREW S	TITLE ASST S, ASST T Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	NAME CULOTTA, ELINOR M.
STREET ADDRESS 791 WYE RD	CITY-ST-ZIP AKRON OH 44333	STREET ADDRESS 791 WYE RD	CITY-ST-ZIP AKRON, OH 44333
TITLE DC Delete <input type="checkbox"/>	NAME MEYERSON, ROBERT F	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 791 WYE RD	CITY-ST-ZIP AKRON OH 44333	STREET ADDRESS	CITY-ST-ZIP
TITLE D Delete <input checked="" type="checkbox"/>	NAME CSISZAR, ALEX L	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 791 WYE ROAD	CITY-ST-ZIP AKRON OH 44333	STREET ADDRESS	CITY-ST-ZIP
TITLE VT Delete <input checked="" type="checkbox"/>	NAME GOREK, KATHY J	TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS 791 WYE ROAD	CITY-ST-ZIP AKRON OH 44333	STREET ADDRESS	CITY-ST-ZIP

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: *Elinor M. Culotta* ELINOR M. CULOTTA 4/15/05 (330) 666-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #