

# 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

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, 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

TITLE D ☐ Delete  
NAME MEYERSON, ADAM H  
STREET ADDRESS 791 WYE RD  
CITY-ST-ZIP AKRON OH 44333

TITLE PCEO ☒ Delete  
NAME WALL, DANIEL G  
STREET ADDRESS 791 WYE RD  
CITY-ST-ZIP AKRON OH 44333

TITLE D ☒ Delete  
NAME MEYERSON, ANDREW S  
STREET ADDRESS 791 WYE RD  
CITY-ST-ZIP AKRON OH 44333

TITLE DC ☐ Delete  
NAME MEYERSON, ROBERT F  
STREET ADDRESS 791 WYE RD  
CITY-ST-ZIP AKRON OH 44333

TITLE D ☒ Delete  
NAME CSISZAR, ALEX L  
STREET ADDRESS 791 WYE ROAD  
CITY-ST-ZIP AKRON OH 44333

TITLE VT ☒ Delete  
NAME GOREK, KATHY J  
STREET ADDRESS 791 WYE ROAD  
CITY-ST-ZIP AKRON OH 44333

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, EVP, S, T ☒ Change ☐ Addition  
NAME MEYERSON, ADAM H.  
STREET ADDRESS 791 WYE RD  
CITY-ST-ZIP AKRON, OH 44333

TITLE D, P, CEO ☐ Change ☒ Addition  
NAME WYSS, MICHAEL A.  
STREET ADDRESS 791 WYE RD  
CITY-ST-ZIP AKRON, OH 44333

TITLE ASST S, ASST T ☐ Change ☒ Addition  
NAME CULOTTA, ELINOR M.  
STREET ADDRESS 791 WYE RD  
CITY-ST-ZIP AKRON, OH 44333

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 #