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Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H61988** (2)  
1. Corporation Name  
**REFLECTONE, INC.**

Principal Place of Business

**4908 TAMPA WEST BLVD  
P O BOX 15000  
TAMPA FL 33684-5000  
US**

Mailing Address

**4908 TAMPA WEST BLVD  
P O BOX 15000  
TAMPA FL 33684-5000  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
**06/13/1985**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**06-0663546**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WELSHHANS, RICHARD W  
REFLECTONE, INC.  
4908 TAMPA WEST BLVD  
TAMPA FL 33634**

81 Name

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

83

84 City

**FL** 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **SNYDER, R.G.**  
STREET ADDRESS **4908 TAMPA WEST BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☒ DELETE  
NAME **TOBIN, FRANK T**  
STREET ADDRESS **4908 TAMPA WEST BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE  
NAME **BRANCATO, A.S.**  
STREET ADDRESS **4908 TAMPA WEST BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **VTS** ☐ DELETE  
NAME **WELSHHANS, R.**  
STREET ADDRESS **4908 TAMPA WEST BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE  
NAME **ALDEN, DEREK R**  
STREET ADDRESS **4908 TAMPA WEST BLVD**  
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☐ DELETE  
NAME **WEBSTER, ROBERT D**  
STREET ADDRESS **4908 TAMPA WEST BLVD**  
CITY-ST-ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CONTROLLER/TREASURER** ☐ Change ☒ Addition  
1.2 NAME **PAUL WARING JR**  
1.3 STREET ADDRESS **4908 TAMPA WEST BLVD**  
1.4 CITY-ST-ZIP **TAMPA FL 33634**

2.1 TITLE **VP HUMAN RESOURCES** ☐ Change ☒ Addition  
2.2 NAME **KELLEY BARONAS**  
2.3 STREET ADDRESS **4908 TAMPA WEST BLVD**  
2.4 CITY-ST-ZIP **TAMPA FL 33634**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 or on an attachment with an address.

SIGNATURE:

**PAUL WARING**  
**CONTROLLER & TREASURER**

03/21/97-1491

CR2E034 (9/96)