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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M65822

(2)

PSC AUTOMATION, INC.

Mailing Address Principal Place of Business 123 TECH DRIVE 123 TECH DRIVE SANFORD FL 32771-6683 SANFORD FL 32771-6663 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1988 02/09/1996 2a. Mailing Address Applied For 4. FEI Number Principal Place of Business Sket RA 675 59-2880145 Not Applicable 26 \$8.75 Additional Suite, Apt. # etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 6. Election Campaign Financing \$5.00 May Be NU Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 63 84 City 85 Zip Code 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, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1.1 TITLE THLE HONE, MICHAEL L 1.2 NAME NAME **675 BASKET RD** 1.3 STREET ADDRESS STREET ADDRESS **WEBSTER NY** 1.4 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition DELETE 2.1 TITLE TITLE WEINGARTEN, MARTIN S 2.2 NAME NAME 900 MIDTOW TOWER 2.3 STREET ADDRESS STREET ADDRESS **ROCHESTER NY** 2.4 CITY-ST-ZIP CITY-ST-7/P Addition Change DELETE 3.1 TITLE TITLE WOODARD, WILLIAM J 3.2 NAME NAME **675 BASKET RD** 3.3 STREET ADDRESS STREET ACORESS **WEBSTER NY** 3.4. CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE MiE W COCHRA, JOHN 4 2 NAME NAME 1075 Basket Rd 122 TECH DR 4.3 STREET ADDRESS STREET ADDRESS 14580 SANFORD FL 4.4 CITY-SY-ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CHTY - ST - ZIP Change Addition DELETE 6.1 TITLE TOLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CHTY-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 if changed, or on an attachment with an address. 716-265-1600

96/6)

CRZE034

FILED

Apr 22 1997 8:00am

Secretary of State