

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -5 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03960

(2)

1. Corporation Name

VFL TECHNOLOGY CORPORATION

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/06/1984	3a. Date of Last Report 02/02/1994
4. FEI Number 23-2191984	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. 190.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business		2a. Mailing Address	
42 LLOYD AVENUE MALVERN PA 19355		42 LLOYD AVENUE MALVERN PA 19355	
21. Data, Apt. #, etc.	26. Data, Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ORI, ROBERT 825 8TH STREET VERO BEACH FL 32961-0877		01. Name	
		02. Street Address (P.O. Box Number is Not Acceptable)	
		03. City	
		04. City	FL

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, 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 of Registered Agent) _____ (Signature of Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
001. NAME	PD PATTON, RICHARD W.	1.1 TITLE	☐ Change ☐ Addition
001. STREET ADDRESS	42 LLOYD AVENUE	1.2 NAME	
001. CITY ST ZIP	MALVERN PA	1.3 STREET ADDRESS	400001450654
001. NAME	VDS RUGGIANO, LOUIS M.	1.4 CITY ST ZIP	-04/07/95--01048--019
001. STREET ADDRESS	42 LLOYD AVENUE	1.5 CITY ST ZIP	****200-00 ****200-00
001. CITY ST ZIP	MALVERN PA	2.1 TITLE	☐ Change ☐ Addition
001. NAME		2.2 NAME	
001. STREET ADDRESS		2.3 STREET ADDRESS	
001. CITY ST ZIP		2.4 CITY ST ZIP	
001. NAME		3.1 TITLE	☐ Change ☐ Addition
001. STREET ADDRESS		3.2 NAME	
001. CITY ST ZIP		3.3 STREET ADDRESS	
001. NAME		3.4 CITY ST ZIP	
001. STREET ADDRESS		4.1 TITLE	☐ Change ☐ Addition
001. CITY ST ZIP		4.2 NAME	
001. STREET ADDRESS		4.3 STREET ADDRESS	
001. CITY ST ZIP		4.4 CITY ST ZIP	
001. NAME		5.1 TITLE	☐ Change ☐ Addition
001. STREET ADDRESS		5.2 NAME	
001. CITY ST ZIP		5.3 STREET ADDRESS	
001. NAME		5.4 CITY ST ZIP	
001. STREET ADDRESS		6.1 TITLE	☐ Change ☐ Addition
001. CITY ST ZIP		6.2 NAME	
001. STREET ADDRESS		6.3 STREET ADDRESS	
001. CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shown not guilty for the punishment outlined in Sections 110.07(3)(k), 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 on Block 12 or Block 13 of this document, or both, as indicated with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TITLED OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR

3/4/95 610-793-2893