

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90044 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08942

1. Corporation Name
SCAN-OPTICS, INC.



Principal Place of Business 169 PROGRESS DR MANCHESTER CT 06040 US	Mailing Address 169 PROGRESS DR MANCHESTER CT 06040 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/04/1986	4. FEI Number 06-0851857	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
22	27	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
City & State	City & State			
23	28			
Zip Country	Zip Country			
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAVEL, JAMES C	1.2 NAME	
STREET ADDRESS	169 PROGRESS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT 06040	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, LOGAN JR.	2.2 NAME	
STREET ADDRESS	169 PROGRESS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBURN, RICHARD J	3.2 NAME	
STREET ADDRESS	169 PROGRESS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, LYMAN C JR.	4.2 NAME	
STREET ADDRESS	169 PROGRESS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRISWOLD, E. BULKELEY	5.2 NAME	
STREET ADDRESS	169 PROGRESS CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, ROBERT H.	6.2 NAME	
STREET ADDRESS	169 PROGRESS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER CT	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 3/19/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)