FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:29

DOCUMENT # **P11731** **(7)**

1. Corporation Name
ACCIPITER CORPORATION

Principal Place of Business	Mailing Address
791 WYE ROAD AKRON OH 44333-2269	791 WYE ROAD AKRON OH 44333-2269

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/09/1986** | 3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: **34-1349416** ☐ 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 RETURN REQUIRED

9. Name and Address of Current Registered Agent

SMALLEY, RONALD W.
2100 SECOND STREET
FT. MYERS FL 33902-0280

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MEYERSON, ROBERT F. 16488 CAPTIVA RD. CAPTIVA ISLAND FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MEYERSON, NANCY H. 16488 CAPTIVA RD. CAPTIVA ISL. FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ MURPHY, ELIZABETH S. 791 WYE ROAD AKRON OH	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	V, T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SELDEN, PETER 791 WYE ROAD AKRON OH	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ ~~MEYERSON, ADAM H.~~ ~~791 WYE ROAD~~ ~~AKRON OH~~	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	S H. CHARLES KESSLER III 791 WYE RD AKRON, OH 44333	☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: H. Charles Kessler III SECRETARY 2/14/95 (216)666-6380
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
H. Charles Kessler III
Date / Telephone Number

0479008 FP