FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 MAR 14 PM 2:0[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11731 (7)

1. Corporation Name
ACCIPITER CORPORATION

Principal Place of Business
791 WYE ROAD
AKRON OH 44333-2268

Mailing Address
791 WYE ROAD
AKRON OH 44333-2268

3. Date Incorporated or Qualified: 10/09/1986
3a. Date of Last Report: 02/24/1995

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip
24 |
Country
25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
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

9. Name and Address of Current Registered Agent

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

RA 2/22/96

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL
85 Zip Code: 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MEYERSON, ROBERT F.		1.2 NAME	
STREET ADDRESS	16488 CAPTIVA RD.		1.3 STREET ADDRESS	400001743694
CITY-ST-ZIP	CAPTIVA ISLAND FL		1.4 CITY-ST-ZIP	-03/14/96--01103--001
TITLE	CD	☐ DELETE	2.1 TITLE	****208.75 ****208.75 ☐ Change ☐ Addition
NAME	MEYERSON, NANCY H.		2.2 NAME	
STREET ADDRESS	16488 CAPTIVA RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA ISL. FL		2.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, ELIZABETH S.		3.2 NAME	
STREET ADDRESS	791 WYE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SELDEN, PETER		4.2 NAME	
STREET ADDRESS	791 WYE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KESSLER, H. C		5.2 NAME	
STREET ADDRESS	791 WYE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	3/14
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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)(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Secretary — 3/13/96 — (216) 666-6380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)