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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 03/14/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 34-1349416		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D/V
NAME	MEYERSON, ROBERT F.	1.2 NAME	MEYERSON, ROBERT F.
STREET ADDRESS	16488 CAPTIVA RD.	1.3 STREET ADDRESS	16488 CAPTIVA RD
CITY- ST- ZIP	CAPTIVA ISLAND FL	1.4 CITY- ST- ZIP	CAPTIVA ISL, FL
TITLE	CD	2.1 TITLE	
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	3.1 TITLE	D/V
NAME	MURPHY, ELIZABETH S.	3.2 NAME	MURPHY, ELIZABETH
STREET ADDRESS	791 WYE ROAD	3.3 STREET ADDRESS	791 WYE RD
CITY- ST- ZIP	AKRON OH	3.4 CITY- ST- ZIP	AKRON, OH 44333
TITLE	P	4.1 TITLE	D/P/S
NAME	SELDEN, PETER	4.2 NAME	MEYERSON, ADAM
STREET ADDRESS	791 WYE ROAD	4.3 STREET ADDRESS	791 WYE RD
CITY- ST- ZIP	AKRON OH	4.4 CITY- ST- ZIP	AKRON, OH 44333
TITLE	S	5.1 TITLE	T
NAME	KESSLER, H. C	5.2 NAME	GOREK, KATHY J
STREET ADDRESS	791 WYE RD	5.3 STREET ADDRESS	791 WYE RD
CITY- ST- ZIP	AKRON OH	5.4 CITY- ST- ZIP	AKRON, OH 44333
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- 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.

SIGNATURE: \_\_\_\_\_ 2/12/97 330-666-6380

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)