


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

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FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90002 024 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P13351 1. Corporation Name SANFORD TECHNOLOGY CORPORATION					
Principal Place of Business 220 PARK DRIVE CHARDON OH 44024			Mailing Address 220 PARK DRIVE CHARDON OH 44024		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE AST <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BULLER, CAROLYN			1.2 NAME		
STREET ADDRESS 220 PARK DR			1.3 STREET ADDRESS		
CITY-ST-ZIP CHARDON OH			1.4 CITY-ST-ZIP		
TITLE C <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME WALDIN, THOMAS B			2.2 NAME		
STREET ADDRESS 220 PARK DRIVE			2.3 STREET ADDRESS		
CITY-ST-ZIP CHARDON OH			2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME NEIDUS, STUART D			3.2 NAME		
STREET ADDRESS 220 PARK DR			3.3 STREET ADDRESS		
CITY-ST-ZIP CHARDON OH			3.4 CITY-ST-ZIP		
TITLE S <input type="checkbox"/> DELETE			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TROUTMAN, NANCY G			4.2 NAME		
STREET ADDRESS 220 PARK DR			4.3 STREET ADDRESS		
CITY-ST-ZIP CHARDON OH			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME D Gerald C-Hornick		
STREET ADDRESS			5.3 STREET ADDRESS 220 Park Drive		
CITY-ST-ZIP			5.4 CITY-ST-ZIP Chardon, OH 44024		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME S Kevin Langner		
STREET ADDRESS			6.3 STREET ADDRESS Executive Center East, Suite 314, 4030 Mt Carmel-Tabor Rd.		
CITY-ST-ZIP			6.4 CITY-ST-ZIP Cincinnati, OH 45255		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1987	
4. FEI Number 56-1276242	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

826921-90002-70
P13351

SANFORD TECHNOLOGY CORPORATION

Additional Officers

Mark E. Brody
Vice President and Assistant Treasurer
Essef Corporation
220 Park Drive
Chardon, OH 44024