

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

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15520** (0)

1. Corporation Name  
**CARLETON TECHNOLOGIES, INC.**

Principal Place of Business  
**3910 RIGA BLVD.  
SABAL INDUSTRIAL PARK  
TAMPA FL 33619**

Mailing Address  
**10 COBHAM DRIVE  
ORCHARD PARK NY 14127-4101  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/10/1987</b>		3a. Date of Last Report <b>02/29/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>16-1303637</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				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	CD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAGE, GORDON			1.2 NAME			
STREET ADDRESS	COBHAM PLC, BROOK ROAD/WIMBORNE, DORSET			1.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND BH21 2BJ			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRWIN, A.G.			2.2 NAME			
STREET ADDRESS	COBHAM PLC, BROOK ROAD/WIMBORNE, DORSET			2.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLAND BH21 2BJ			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURGESS, J.			3.2 NAME	CAWDERY, PADRAIG H.		
STREET ADDRESS	10 COBHAM DRIVE			3.3 STREET ADDRESS	10 COBHAM DRIVE		
CITY-ST-ZIP	ORCHARD PARK NY 14127			3.4 CITY-ST-ZIP	ORCHARD PARK NY 14127		
TITLE	VTD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGEL, D. P.			4.2 NAME			
STREET ADDRESS	10 COBHAM DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORCHARD PARK NY 14127			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	BUCK, JOHN T.		
STREET ADDRESS				5.3 STREET ADDRESS	2182 WEST OAKFIELD		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	GRAND ISLAND, NY 14072		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	YARBOROUGH, WILLIAM G. JR.		
STREET ADDRESS				6.3 STREET ADDRESS	1453 WRIGHTSBORO ROAD NW BOX 115		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	THOMSON, GEORGIA 30824		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Donald P. Vogel Donald P. Vogel 1/28/97 716-662-0006

CR2E034 (9/96)