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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 22 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

PERSO	NNEL RE	SEARCH AND D	DEVELOPMENT CORPOR	RATION						
Principal Plac	e of Business		Mailing Address					, I BIJI I DIGIT DIRLI I		
2285 ENTERPRISÉ PKWY TWINSBURG OH 44087 US 2285 ENTERPRISE PKWY TWINSBURG OH 44087 US							DO NOT WRITE	IN THIS SPAC	E	
			••				3. Date Incorporated or Qualified			
	_						06/14/1989			
2. Principal F	Place of Busin	ess	2a. Mailing Address				4, FEI Number		Ap	plied For
21			26				34-0788873			t Applicable
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	3.75 / Fee Re	Additional equired
City & Stat	te		City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution Added to Fees			
Zip		Country	Zip	h	Country		8. This corporation owes or has paid the current year thtangible			
24 25			29 30 rent Registered Agent				Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent			
00		· · · · · · · · · · · · · · · · · · ·	rent negistered Agent	8.	Name		10, Name and Address of New Reg	Biatetad wäaur	1	<u> </u>
	GOTT SEG EN, STANLEY D. 1645 PALM BEACH LAKES BLVD									
		WOU TAVES DEAD		82 Street Addre			ss (P.O. Box Number is Not Acceptab	le)		
SUITE 1200 WEST PALM BEACH FL 33401					j					····
***	COLLUCT	EACH I E 30401			<u> </u>					
•					City			FL 85	Zip (Code
11. Pursuant	to the provisi	ons of Sections 607.0	0502 and 607,1508, Florida State	utes, the above	.1 ve-named	corpo	ration submits this statement for the p		L	s registered
CICNATUOE	registered agreem tamiliar with	<i>-2XXX/</i> /-X	() wom				ration submits this statement for the p of a board of directors. I hereby accep is when reinstating)	DATE		
12.		OFFICERS A	AND DIRECTORS	13.			HABITATION ANGEST YOUR REPORTED THE			
TITLE	PSD		☐ DEFELE	1.1 TITLE		İ	ID #34-0677006	C	_	Addition
NAME		TERRY W.				ESIDE	AVE. E SUIT 1400 CLEVELANT), OHIO 441	14-11	ı 52
STREET ADDRESS		TERPRISE PKWY			1 ADDRESS					
CITY-ST-ZIP	TWINSBI	JRG UN	Print	1.4 CITY-	ST - ZIP	ļ. <u>.</u>				1.1.00
TITLE	VD	VEWN.	DELETE	2.1 TITLE		Yi'	e President	≥ C	nange	Addition
NAME	OWENS,	TERPRISE PKWY		2.2 NAME		}				
STREET ADDRESS	THE STANDARD STANDARD			2.3 STREET ADDRESS 2.4 City - St - Zip						
CITY-ST-ZIP TITLE	VP	JNG OII	☐ DELETE	2. 4 CHY-	- \$1 - ZIP	 		110	hange	Addition
NAME	TULL, KIRSTEN				3.2 NAME			L v	nango	
STREET ADDRESS		TERPRISE PKWY		•	1 ADDRESS	}				
CITY-ST-ZIP	TWINSBI			3.4. CITY-						
TITLE			4.1 TITLE				C	hange	Addition	
NAME				4. 2 NAM	<u> </u>					
"STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP				4.4 CiTY-						
TITLE			DELETE	5.1 TITLE		1		c	hange	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS					
CITY-ST-ZIP		·		5.4 CITY-	ST-2IP	1		····		
TITLE	{		☐ DELETE	6.1 TITLE		-		C	hange	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDRESS	1				

14. 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.

64 CITY-ST-ZIP

CITY-ST-ZIP