

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996 5-1-96

B-5947

C

DOCUMENT # P34353

(3)

1. Corporation Name

TOTAL SOURCE ANALYSIS, INC.

Principal Place of Business

810 N CENTRAL AVE
UMATILLA FL 32784
US

Mailing Address

P O BOX 1170
UMATILLA FL 32784
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/18/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

43-1278222

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

PETER A. ENDER, ASST. TREASURER

4/22/96

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE P
NAME VINEYARD, CARL
STREET ADDRESS 510 DICKSON ST
CITY-ST-ZIP WELLINGTON OH

TITLE S
NAME YAUCH, EDWARD J
STREET ADDRESS 1919 S HIGHLAND AVE
CITY-ST-ZIP LOMBARD IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASST. TREASURER
1.2 NAME PETER A. ENDER
1.3 STREET ADDRESS 12 BROADWAY
1.4 CITY-ST-ZIP NEW YORK, NY 10004

2.1 TITLE R. K. BRIDWELL
2.2 NAME SECRETARY
2.3 STREET ADDRESS 9 CAMPUS DR.
2.4 CITY-ST-ZIP Parsippany, NJ 07054

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

Daytime Phone #

CR2E034 (12/95)