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

CORPORATION ANNUAL REPORT **1995**

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

**FILED**
**SECRETARY OF STATE**
**DIVISION OF CORPORATIONS**
**95 FEB 24 AM 11:28**

DOCUMENT # **P94000025986 (8)**

1. Corporation Name
**WGI, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O H. CHARLES KESSLER<br>ACCIPITER CORPORATION. 791 WYE RD.<br>AKRON OH 44333 | C/O H. CHARLES KESSLER<br>ACCIPITER CORPORATION. 791 WYE RD.<br>AKRON OH 44333 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: N/A
4. FEI Number: 65-0463113 ☐ 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

**9. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | /S | 11 TITLE | D, VP | ☒ Change ☐ Addition |
| NAME | MEYERSON, ROBERT F | 12 NAME | | |
| STREET ADDRESS | 16488 CAPTIVA RD. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPTIVA ISLAND FL 33924 | 14 CITY ST ZIP | | |
| TITLE | /S | 21 TITLE | D, S | ☒ Change ☐ Addition |
| NAME | KESSLER, H C III | 22 NAME | | |
| STREET ADDRESS | 791 WYE RD. | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | AKRON OH 44333 | 24 CITY ST ZIP | | |
| TITLE | /S | 31 TITLE | D, P | ☒ Change ☐ Addition |
| NAME | MEYERSON, ANDREW S | 32 NAME | | |
| STREET ADDRESS | 791 WYE RD. | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | AKRON OH 44333 | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | VP, T | ☐ Change ☒ Addition |
| NAME | | 42 NAME | Elizabeth Meyerson | |
| STREET ADDRESS | | 43 STREET ADDRESS | 791 Wye Road | |
| CITY-ST-ZIP | | 44 CITY ST ZIP | Akron, OH 44333 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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:** H. Charles Kessler III SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H. Charles Kessler, III

2/8/95 (Date) (516) 666-6700 (Daytime Phone #)

0478003 FP