


Feb 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Feb 27 1997 8:00am Secretary of State	
DOCUMENT # P94000025995 (9)					
1. Corporation Name ACCIPITER II, INC.					
Principal Place of Business C/O H. CHARLES KESSLER ACCIPITER CORPORATION - 791 WYE RD. AKRON OH 44333			Mailing Address C/O H. CHARLES KESSLER ACCIPITER CORPORATION - 791 WYE RD. AKRON OH 44333		
2. Principal Place of Business 21 791 WYE RD Suite, Apt #, etc. 22 City & State 23 AKRON, OHIO Zip 24 44333 Country 25		2a. Mailing Address 26 791 WYE RA Suite, Apt #, etc. 27 City & State 28 AKRON OH Zip 29 44333 Country 30		3. Date Incorporated or Qualified 04/01/1994 3a. Date of Last Report 02/14/1996 4. FEI Number 65-0483114 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE DVP NAME MEYERSON, ROBERT F STREET ADDRESS 16488 CAPTIVA RD. CITY-ST-ZIP CAPTIVA ISLAND FL TITLE DS NAME KESSLER, H C III STREET ADDRESS 791 WYE RD. CITY-ST-ZIP AKRON OH TITLE DP NAME MEYERSON, ANDREW S STREET ADDRESS 791 WYE RD. CITY-ST-ZIP AKRON OH TITLE VPT NAME MURPHY, ELIZABETH STREET ADDRESS 791 WYE ROAD CITY-ST-ZIP AKRON OH 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 D/P 1.2 NAME MEYERSON, ROBERT F 1.3 STREET ADDRESS 16488 CAPTIVA RD 1.4 CITY-ST-ZIP CAPTIVA ISLAND, FL 2.1 TITLE D/EVP/S 2.2 NAME MEYERSON, ADAM H 2.3 STREET ADDRESS 791 WYE ROAD 2.4 CITY-ST-ZIP AKRON, OH 44333 3.1 TITLE 3.2 NAME GOREK, KATHY J 3.3 STREET ADDRESS 791 WYE RD 3.4 CITY-ST-ZIP AKRON, OH 44333 4.1 TITLE D/V/P 4.2 NAME MURPHY, ELIZABETH 4.3 STREET ADDRESS 791 WYE RD 4.4 CITY-ST-ZIP AKRON, OH 44333 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 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.					
SIGNATURE: [Signature] 2/12/97 330-666-6380					