

AMENDED
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG -8 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025995**

1. Entity Name

Accipiter II, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

791 Wye Road

Suite, Apt. #, etc.

3. Mailing Address

791 Wye Road

Suite, Apt. #, etc.

City & State

Akron, OH

City & State

Akron, OH

Zip

44333

Country

US

Zip

44333

Country

US

4. FEI Number

65-0483114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	TITLE	NAME
NAME	D/C	NAME	100008020161-8
STREET ADDRESS	Robert F. Meyerson	STREET ADDRESS	-09/25/02--01061--028
CITY-ST-ZIP	791 Wye Road	CITY-ST-ZIP	****183.75 *****61.25
	Akron, OH 44333		
TITLE	EVP/S/D	TITLE	
NAME	Elizabeth Murphy	NAME	
STREET ADDRESS	791 Wye Road	STREET ADDRESS	
CITY-ST-ZIP	Akron, OH 44333	CITY-ST-ZIP	
TITLE	P/D/CEO	TITLE	
NAME	Gerald J. Gabriel	NAME	
STREET ADDRESS	791 Wye Road	STREET ADDRESS	
CITY-ST-ZIP	Akron, OH 44333	CITY-ST-ZIP	
TITLE	EVP/T	TITLE	
NAME	Alex L. Csiszar	NAME	
STREET ADDRESS	791 Wye Road	STREET ADDRESS	
CITY-ST-ZIP	Akron, OH 44333	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald J. Gabriel

GERALD J. GABRIEL

7/25/02

330-666-6380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)