

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **PAU-51480**  
1. Corporation Name  
**Russian Technology Language Services, Inc**

Principal Place of Business Mailing Address  
**320 Williams Str. 320 Williams Str.**  
**Tallahassee, FL 32302 Tallahassee, FL 32303**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>Tallahassee</b>	26. <b>320 Williams Str.</b>	<b>7/12/94</b>	
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc	4. FEI Number	Applied For / Not Applicable
		<b>59-3254589</b>	
23. City & State	27. City & State	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<b>Tallahassee, FL</b>	<b>Tallahassee, FL</b>	<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country
<b>32302</b>	<b>Leon</b>	<b>32302</b>	<b>Leon</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**Michael K. Launer**  
**1913 Sageway Drive**  
**Tallahassee, FL 32303**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAUNER, MICHAEL K.</b>	1.2 NAME	
STREET ADDRESS	<b>1913 SAGEWAY DRIVE</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE, FL 32303</b>	1.4 CITY- ST- ZIP	
TITLE	<b>CPD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARILYN J. YOUNG</b>	2.2 NAME	
STREET ADDRESS	<b>1913 SAGEWAY DRIVE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE FL 32303</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHELE L. PEDRO</b>	3.2 NAME	
STREET ADDRESS	<b>3041 HUNTINGTON WOODS BLVD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TALLAHASSEE, FL 32303</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAUNER, TARA L.</b>	4.2 NAME	
STREET ADDRESS	<b>551 LITTLE RIVER LOOP #116</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ALTAMONTE SPRINGS, FL</b>	4.4 CITY- ST- ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINTON, BETH JOELLE</b>	5.2 NAME	
STREET ADDRESS	<b>205 CLAY ST</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>JEFFERSON CITY, MD 65101</b>	5.4 CITY- ST- ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, EUNICE C</b>	6.2 NAME	
STREET ADDRESS	<b>125 N. HILLSIDE ST.</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ORLANDO, FL 32803</b>	6.4 CITY- ST- ZIP	

**500001894775**  
**-07/16/96--01106--00024**  
**\*\*\*225.00**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/96**  
**562-8171**  
**OS 7/16/96**

CR2E034 (12/95)