

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P94000051480 (9)**

1. Corporation Name  
**RUSSIAN TECHNOLOGY LANGUAGE SERVICES, INC.**



Principal Place of Business: **320 WILLIAMS STREET TALLAHASSEE FL 32302**  
Mailing Address: **320 WILLIAMS STREET TALLAHASSEE FL 32303-6230**

3. Date Incorporated or Qualified: **07/12/1994**  
3a. Date of Last Report: **07/16/1996**  
4. FEI Number: **59-3254589**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**LAUNER, MICHAEL K  
1913 SAGEWAY DR  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	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 DR</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32303</b>		1.4 CITY-ST-ZIP	
TITLE: <b>CPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>YOUNG MARILYN J</b>		2.2 NAME	
STREET ADDRESS: <b>1913 SAGEWAY DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>TALLAHASSEE FL 32303</b>		2.4 CITY-ST-ZIP	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MICHELE L. PEDRO</b>		3.2 NAME	<b>Michele L. Pedro</b>
STREET ADDRESS: <b>3041 HUNTINGTON WOODS BLVD</b>		3.3 STREET ADDRESS	<b>3041 Huntington Woods Blvd.</b>
CITY-ST-ZIP: <b>TALLAHASSEE FL 32303</b>		3.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>LAUNER TARA L</b>		4.2 NAME	<b>Launer, Tara L.</b>
STREET ADDRESS: <b>551 LITTLE RIVER LOOP #116</b>		4.3 STREET ADDRESS	<b>1919 Welch Street</b>
CITY-ST-ZIP: <b>ALTAMONTE SPRINGS FL</b>		4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32310</b>
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WINTON, BETH JOELLE</b>		5.2 NAME	<b>Winton, Beth Joelle</b>
STREET ADDRESS: <b>205 CLAY ST</b>		5.3 STREET ADDRESS	<b>1116 East McCarty Street</b>
CITY-ST-ZIP: <b>JEFFERSON CITY MO 65101</b>		5.4 CITY-ST-ZIP	<b>Jefferson City, MO 65101</b>
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	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	

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: *Michele L. Pedro* **Michele L. Pedro** 10 April 97 904-561-0181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0047087

CR2E034 (9/96)