2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2005 8:00 am Secretary of State DOCUMENT # V46713 1. Entity Name 05-05-2005 90115 013 ***158.75 QUANDARY CORPORATION Principal Place of Business Mailing Address 791 WYE ROAD 791 WYE ROAD UUU4Jbbb **AKRON OH 44333** AKRON OH 44333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0361832 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 区 Fee Required 6. Name and Address of Current Registered Agent -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE Addition DITTE ☐ Delete Change MEYERSON, ROBERT F NAME NAME MICHAEL A. WYSS STREET ADDRESS 791 WYE RD STREET ADDRESS 791 WYE RO **AKRON OH 44333** CITY-ST-ZIP CITY-ST-78P AKRON, OH 44333 Change TITLE Delete TITLE PICEO, D ☐ Addition NAME MEYERSON, ADAM H NAME ADAM H. MEYERSON 791 WYE RD STREET ADDRESS STREET ADDRESS 791 WYE RO CITY ST ZIP **AKRON OH 44333** CITY-ST ZIP AKRON OH TITLE ST ☐ Defete ☐ Change ☐ Addition CULOTTA, ELINOR M STREET ADDRESS STREET ADDRESS 791 WYE ROAD CITY-ST-ZIP **AKRON OH 44333** CITY-ST-ZIP Delete ☐ Change ☐ Addition THILE MEYERSON, ANDREW S 791 WYE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AKRON OH 44333 CITY-ST-ZIP TITLE □ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

(330)666-6380

FILED