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Mar 17 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 # **823322** **(3)**

1. Corporation Name
FPA CORPORATION

Principal Place of Business	Mailing Address
ONE GREENWOOD SQUARE SUITE 101 3333 STREET ROAD BENSALEM PA 19020 US	ONE GREENWOOD SQUARE SUITE 101 3333 STREET ROAD BENSALEM PA 19020-2022 US

3. Date Incorporated or Qualified: **10/01/1969**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-0874323** ☐ 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

FINEBERG, LIBO B.
3500 GATEWAY DR.
SUITE 201
POMPANO BEACH FL 33069

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ORLEANS, JEFFREY P.		1.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQUARE STE 101 333 STREET RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANTANGELO, JOSEPH A.		2.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQUARE STE 101 3333 STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, BENJAMIN D.		3.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQ STE 101 3333 STREET ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KATZ, LEWIS		4.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQAURE STE 101 3333 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		4.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHAAL, GARY		5.2 NAME		
STREET ADDRESS	ONE GREENWOOD SQ. STE 101 3333 STREET ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BENSALEM PA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ CFO 3/10/97 (215) 245-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007458