FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:27

DOCUMENT # **831870** **(1)**

1. Corporation Name
COMPREHENSIVE DESIGNERS, INC.

Principal Place of Business	Mailing Address
1717 ARCH ST 35 FL PHILADELPHIA PA 19103 US	1717 ARCH ST 35 FL PHILADELPHIA PA 19103 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1974**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **23-1925839** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the date of signature. NOTE: Registered Agent signature required when reinstated.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	11 TITLE	☐ Change ☐ Addition
NAME	MARKLEY, THOMAS R.	12 NAME	
STREET ADDRESS	1717 ARCH ST.-35TH FL	13 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☑ Change ☐ Addition
NAME	SEIDERS, J. R	22 NAME	
STREET ADDRESS	1717 ARCH ST., 35TH FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	24 CITY-ST-ZIP	Philadelphia, PA 19103
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HOECHST, C.M.	32 NAME	
STREET ADDRESS	1717 ARCH ST.-35TH FL.	33 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	LANDIS, E.D.	42 NAME	
STREET ADDRESS	1717 ARCH ST.-35TH FL	43 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GARRISON, W.R.	52 NAME	
STREET ADDRESS	1717 ARCH ST.-35TH FL	53 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I declare I certify that the information supplied with this filing is voluntarily furnished and 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 added by attachment with an address.

SIGNATURE: Thomas R Markley 1-12-95 (215)569-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0002137 CP