FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

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

3. Date Incorporated or Qualified: **02/21/1974**

3a. Date of Last Report: **01/18/1995**

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARKLEY, THOMAS R.		1.2 NAME		
STREET ADDRESS	1717 ARCH ST.-35TH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEIDERS, J. R		2.2 NAME		
STREET ADDRESS	1717 ARCH ST., 35TH FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOECHST, C.M.		3.2 NAME		
STREET ADDRESS	1717 ARCH ST.-35TH FL.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LANDIS, E.D.		4.2 NAME		
STREET ADDRESS	1717 ARCH ST.-35TH FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARRISON, W.R.		5.2 NAME		
STREET ADDRESS	1717 ARCH ST.-35TH FL		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19103-2768		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 (12/95)

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: _____ Thomas R. Markley 1-23-96 (215) 569-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #