

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **849394** (2)  
1. Corporation Name  
**RBMU INTERNATIONAL, USA COUNCIL INCORPORATED**



Principal Place of Business  
**1431 STUCKERT ROAD  
WARRINGTON PA 18976  
US**

Mailing Address  
**1431 STUCKERT ROAD  
WARRINGTON PA 18976  
US**

3. Date Incorporated or Qualified  
**06/10/1981**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>23-1501214</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

## 9. Name and Address of Current Registered Agent

**HENRY, ROLAND  
2001 N OCEAN BLVD  
LA FONTANA 802  
BOCA RATON FL 33431**

## 10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**900001904753**  
83. **-07/25/96--01095--023**  
84. City **\*\*\*61.25** **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

## SIGNATURE

Signature typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		11. TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KILGORE, ROBERT			12. NAME	Hardison, Richard		
STREET ADDRESS	23 BLACK PINE RD			13. STREET ADDRESS	7120 Granby Street		
CITY - ST - ZIP	HOLLAND PA			14. CITY - ST - ZIP	Norfolk, VA 23505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE		21. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ACKER, RONALD			22. NAME	Reimer, Clarence		
STREET ADDRESS	2967 MADISON AVENUE			23. STREET ADDRESS	11920 Matthews Court		
CITY - ST - ZIP	ROSLYN PA			24. CITY - ST - ZIP	Fairfax, VA 22033-4641		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		31. TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWBERRY, DAVID			32. NAME	Cain, Curtis		
STREET ADDRESS	637 FITZ WATERTOWN RD.			33. STREET ADDRESS	1455 Yorktown Drive		
CITY - ST - ZIP	WILLOW GROVE PA			34. CITY - ST - ZIP	Lawrenceville GA 30243		
TITLE	D	<input checked="" type="checkbox"/> DELETE		41. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, WALTER			42. NAME	Leathead, Dale		
STREET ADDRESS	1613 FELLOWSHIP DR.			43. STREET ADDRESS	54 Woodbine Court		
CITY - ST - ZIP	LANCASTER PA			44. CITY - ST - ZIP	Horsham, PA 19044-1061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		51. TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				52. NAME	Miller, Steve		
STREET ADDRESS				53. STREET ADDRESS	119 Providence Ave		
CITY - ST - ZIP				54. CITY - ST - ZIP	Doylestown, PA 18901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		61. TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				62. NAME	Smith, Phyllis		
STREET ADDRESS				63. STREET ADDRESS	307 Emmons Dr, #1A		
CITY - ST - ZIP				64. CITY - ST - ZIP	Princeton, NJ 08540-6511		

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 199.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen Miller* **CEO + Director** 1/22/96 215-491-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)