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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F93000002794 (6) **DOCUMENT #** 1. Corporation Name

| | I EC | DEALTY | COMPANY |
|--------|------|---------|-------------|
| AL ITE | LEO | DEAL II | LALANICALIE |

| Principal Place | of Business | Mailing Address | | | | | (4 30 44) 93 4) 94 4) | N LEMEN I | ##1# F#111 WIWI (#WI | |
|---|--|---|--------------------|----------------|---------------------------------|--|--|--------------------|---|--|
| C/O ST. JOHN HOLDINGS. INC. 320 KING OF PRUSSIA RD. RADNOR PA 19087 | | C/O ST. JOHN HOLDINGS. INC. 320 KING OF PRUSSIA RD. RADNOR PA 19087 | | | | | | | | |
| RAUNUM PA | 19,07 | INDITION PA 19007 | | | | 3. Date Incorporated or Qualified | 3a. Date o | | • | |
| | | | | | | 06/10/1993 | 05 | <u>/18/</u> | 1995 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | L | Applied For | |
| 21 | | 26 | | | | 23-2718074 | | Ц. | Not Applicable | |
| Suite, Apt. # | ŧ, etc. | Suite, Apt. #, etc. | | | <u></u> | 5. Certificate of Status Desired | | | 75 Additional e Required | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | • | . 00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | | ded to Fees | | |
| Zip | Country | | Zip Country | | | 8. This corporation has liability for intangible tax under s 199.032, | | | | |
| 24 | 25 29 30 | | | | | Florida Statutes Yes XNo 10. Name and Address of New Registered Agent | | | | |
| | 9. Name and Address of Curren | t negistered Agent | | 81 | Name | IO. Name and Address of New I | Johnstoren V | Heiir | | |
| 0.7.00 | DRADATION AVOTEN | | | | | | | | | |
| | RPORATION SYSTEM | | [| 82 | Street Addres | ress (P.O. Box Number is Not Acceptable) | | | | |
| | OUTH PINE ISLAND RD. | | <u> </u> | 83 | | | | | | |
| PLANIA | TION FL 33324 | | [| ا " | | | | | | |
| | | | | 84 | City | | FL | 85 | Zip Code | |
| or registere | o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Sect | da. Such change was authori | zed by the co | re-na orpor | amed corporat ration's board | ion submits this statement for the pu of directors. I hereby accept the app | irpose of chan pointment as r | ging it egister | ts registered office red agent. I am | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered agent | | | Agent s | signature required v | | DATE | | 7000 111 40 | |
| 12. | OFFICERS ANI | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | | Ohang | | |
| TITLE | PD DIRECTLY ORGANIZATION | ☐ OCCEPTE | 1 1 717 | | | | L | CHAIL | je Addition | |
| NAME | RUSSELL, GREGORY J | | 1 2 NA | - | | | | | | |
| STREET ADDRESS | 320 KING OF PRUSSIA RD. | | | | DDRESS | | | | | |
| CITY-ST-ZIP | RADNOR PA 19087 | ☐ DELETE | 1 4 CIT | - | - 210 | | | Chang | e Addition | |
| TITLE | EVP | ☐ bereie | 2 1 TIT | | | | L | Chari | E NOOHIOH | |
| NAME | QUIGG, MICHAEL J 320 KING OF PRUSSIA RD. | | 2 2 NA | | | | | | | |
| STREET ADORESS | 1 | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | RADNOR PA 19087 | ☐ DELETE | 24 CIT | | - ZIP | | | Chan | ge | |
| TITLE | EENECH DAVED D | [] prerie | 3 1]]] | | | | L | Criticity | - I required | |
| NAME | FENKELL, DAVID B 320 KING OF PRUSSIA RD. | | 3 2 NAI | | ADDOCCO. | | | | | |
| STREET ADDRESS | RADNOR PA 19087 | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | AS | ☐ DELETE | 3 4 CIT 4 1 TIT | | - LIP | | | Chan | ge Addition | |
| TITLE | OLIPHANT, BRENDA J | Detrit | 1 | | | | <u> </u> | | - 1 / NO (1/0) | |
| NAME | 320 KING OF PRUSSIA RD. | | 4 2 NAI | | DDBCCC | | | | | |
| STREET ADDRESS | RADNOR PA 19087 | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4 4 CIT 5 1 TIT | • | - 214 | | | Chan | ge Addition | |
| TITLE | AS Grimm, Kathleen M | | 5 2 NAI | | | | L | Orani | 2- | |
| NAME | 320 KING OF PRUSSIA RD. | | | | NDODCCC. | | | | | |
| STREET ADDRESS | RADNOR PA 19087 | | | | ADORESS | | | | | |
| CITY-ST-ZIP | INAUTOR PA 1900/ | ☐ DELETE | 5 4 CIT | | | 1- | | Chan | ge 📈 Addition | |
| TITLE | , | ☐ OELETE | 1 | | VP | I - Like Traces | | Containi | An Manufaction | |
| NAME | | | 6 2 NA | | 1 | ILTWINE JOSEPH 20 KING OF PRUSSIA RO | 40 | | | |
| STREET ADDRESS | | | € 3 \$16 | HEET A | NDORESS 3: | 20 King of Trussia No | T.V | | | |

CITY-ST-ZIP

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 eath; 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: William Signature And Free of Pring Name of Signing Officer on Director Quinty Date | Day | 196 6/0-964-8000

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