

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001941 (3)**

1. Corporation Name

STERLING ADMINISTRATIVE SERVICES, INC.



Principal Place of Business

Mailing Address

**4 PENN CENTER PLAZA
PHILADELPHIA PA 19103**

**4 PENN CENTER PLAZA
PHILADELPHIA PA 19103**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

23-2734307

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.1505, 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

Signature of individual registered agent of the corporation

Signature of New Agent registered with the state

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE LIBERATOR, ROBERT D	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY- ST- ZIP	PHILADELPHIA PA 19103	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTELLO, DENNIS C	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY- ST- ZIP	PHILADELPHIA PA 19103	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUHL, KURT	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY- ST- ZIP	PHILADELPHIA PA 19103	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROUTLEDGE, LEE H	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY- ST- ZIP	PHILADELPHIA PA 19103	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPECTOR, PAUL R	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY- ST- ZIP	PHILADELPHIA PA 19103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Stewart J. Gerson	
3. STREET ADDRESS	4 Penn Center Plaza	
4. CITY- ST- ZIP	Philadelphia, PA 19103	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	D AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Richard Raup	
4.3 STREET ADDRESS	4 Penn Center Plaza	
4.4 CITY- ST- ZIP	Philadelphia, PA 19103	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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-05/13/96--01028--026
*****200.00**

Handwritten initials and date: RM 5-1-96

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, as changed, or on an attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature: Paul R. Spector

4/29/96 (Date)
(215) 864-4470 (Telephone Number)

CR2E034 (12/95)