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Feb 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000001941 (3)

1. Corporation Name  
STERLING ADMINISTRATIVE SERVICES, INC.



Principal Place of Business  
4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103

Mailing Address  
4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103-2807

3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 23-2734307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GERSON, STEWART J	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COSTELLO, DENNIS C	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUHL, KURT	
STREET ADDRESS	4 PENN CENTER PLAZA	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	DAVP	<input checked="" type="checkbox"/> DELETE
NAME	ROUTLEDGE, RAUP	
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

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephen G. Stonehouse	
1.3 STREET ADDRESS	4 Penn Center Plaza	
1.4 CITY-ST-ZIP	Philadelphia, PA 19103	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Gribbin	
2.3 STREET ADDRESS	4 Penn Center Plaza	
2.4 CITY-ST-ZIP	Philadelphia, PA 19103	
3.1 TITLE	D/AVP/Associate General Counsel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert J. Brookes	
3.3 STREET ADDRESS	4 Penn Center Plaza	
3.4 CITY-ST-ZIP	Philadelphia, PA 19103	
4.1 TITLE	COO(Chief Operating Officer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mark Cafaro	
4.3 STREET ADDRESS	4 Penn Center Plaza	
4.4 CITY-ST-ZIP	Philadelphia, PA 19103	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leonard Nespoli	
5.3 STREET ADDRESS	4 Penn Center Plaza	
5.4 CITY-ST-ZIP	Philadelphia, PA 19103	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE Anne E. Conners Anne E. Conners 2/3/97 (215) 864-4863  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)