

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002131 (0)**

1. Corporation Name

S. T. HUDSON INTERNATIONAL, INC.

Principal Place of Business

595 EAST SWEDES FORD ROAD
WAYNE PA 19087

Mailing Address

595 EAST SWEDES FORD ROAD
WAYNE PA 19087

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

23-2174708

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 Now 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	PHARIS, DAVID M
STREET ADDRESS	595 EAST SWEDES FORD ROAD
CITY-ST-ZIP	WAYNE PA 19087
TITLE	V
NAME	HABINA, EDWARD
STREET ADDRESS	595 EAST SWEDES FORD ROAD
CITY-ST-ZIP	WAYNE PA 19087
TITLE	S
NAME	HUDSON, ROBERT S
STREET ADDRESS	595 EAST SWEDES FORD ROAD
CITY-ST-ZIP	WAYNE PA 19087
TITLE	T
NAME	HUDSON, SAMUEL T
STREET ADDRESS	595 EAST SWEDES FORD ROAD
CITY-ST-ZIP	WAYNE PA 19087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SUP 1 CO 1 A 3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph E. Pedrick, JR., CPA	
1.3 STREET ADDRESS	595 E. Swedesford Road	
1.4 CITY-ST-ZIP	Wayne, Pa. 19087	
2.1 TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert G. Willauer	
2.3 STREET ADDRESS	595 E. Swedesford Road	
2.4 CITY-ST-ZIP	Wayne, Pa 19087	
3.1 TITLE	Philip W. Webster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUP 1 CO	
3.3 STREET ADDRESS	595 E. Swedesford Road	
3.4 CITY-ST-ZIP	Wayne, Pa 19087	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of Block 1 if checked, or on an attachment with an address.

SIGNATURE

Joseph E. Pedrick, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.U.P./C.F.O./A.Sec.

3-10-95

610-975-4600

Date

Signature (Print)