

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000002219 (3)

1. Corporation Name

LIBERTY TECHNICAL SERVICES, INC.



Principal Place of Business

Mailing Address

**555 NORTH LN.
 CONSHOHOCKEN PA 19428**

**8550 DORCHESTER RD.
 N. CHARLESTON SC 29420**

3. Date Incorporated or Qualified
04/29/1984

3a. Date of Last Report
10/30/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied for
 Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc

57-0995248

\$8.75 Additional Fee Required

22 City & State

27 City & State

5. Certificate of Status Desired
 6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301**

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 (Applicable)

(MO) Signature of Agent (signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PO	<input type="checkbox"/> DELETE
NAME	EVATT, R. NIM	
STREET ADDRESS	500 TELNER ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19118	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	SUTTON, LLOYDN H	
STREET ADDRESS	2943 FOXHALL RD.	
CITY-ST-ZIP	CHARLESTON SC 29414	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	VP- SECRETARY- TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DANIEL G. CLARE	
13 STREET ADDRESS	1537 TANGLEWOOD DR.	
14 CITY-ST-ZIP	WEST CHESTER, PA 19380	
21 TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BRIAN M. TREMBLAY	
23 STREET ADDRESS	456 JARDINER WALK	
24 CITY-ST-ZIP	MT. PLEASANT, SC 29464	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 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: *Brian M. Tremblay* **Brian M. Tremblay** 6/13/96 803/767-4638
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)