FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002219 (3)

LIBERTY TECHNICAL SERVICES, INC.

Principal Place of Business 555 NORTH LN. CONSHOHOCKEN PA 19428		Mailing Address 8550 DORCHESTER RD. N. CHARLESTON SC 29420-7301				
			3. Date Incorporated or Qualific 04/29/1994	ed 3a. Date of Last 06/20/1996		
2. Principal Place of Business	28. Mailing Address		4. FEI Number	 	Applied For	
Suite, Apt. #, etc.			57-0995248	£0.75	Not Applicable Additional	
22	27		5. Certificate of Status Desired	7	Required	
City & State	City & State		6. Election Campaign Financin	g \$5.0 0	May Be	
23	28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		to Fees	
Zip Country	Ζρ 	Country	 This corporation has liability Florida Statutes 	for intangible tax under	s. 199.032,	
24 25 9. Name and Address o	29 If Current Registered Agent	30	10. Name and Address of New			
THE PRENTICE-HALL CORP	ORATION SYSTEM. INC.	81 Name				
1201 HAYS ST.		82 Street A	ddress (P.O. Box Number is Not Acce	ptable)		
SUITE 105			1			
TALLAHASSEE FL 32301		83				
		84 City	· · · · · · · · · · · · · · · · · ·	85 Zip	Code	
11. Pursuant to the provisions of Sections	007.01.00			FL S 2	14	
SIGNATURE Signature, type dire printed name of reg	green diagree à distint applicable (6 XERSIANO DIRECTORS	4OTE: Registered Agent signature in	equired when reinstaling) ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTO	DRS IN 12	
THTLE PD	DELETE	1.1 TITLE		Change	☐ Addition	
NAME EVATT, R. NIM		1.2 NAME				
STREET ADDRESS 500 TELNER ST.	446	1.3 STREET ADDRESS				
CITY-ST-72P PHILADELPHIA PA 191	118 DELETE	1.4 CITY - \$1 - ZIP	Lea Planta.	Change	Addition	
NAME SUTTON, LLOYDN H	☐ DETELE	2.1 HILE	/ic & Plubident Suttou, woyd Ar 1948 Foxhaw Ad.	LAY Change	L MODINON	
STREET ADDRESS 2943 FOXHALL RD.		2.2 NAME	OUT TOT HALL IN.			
CITY-ST-ZIP CHARLESTON SC 294	114	2. 4 CITY-ST-ZIP	MAS, 60 29414			
TITLE VPST	DELETE	3.1 TITLE		☐ Change	Addition	
NAME CLARE, DANIEL G.		3 2 NAME				
STREET ADDRESS 1537 TANGLEWOOD I	DR.	3.3 STREET ADDRESS				
CITY S1 - ZIP WEST CHESTER PA		3 4. C(TY-ST-Z)P				
TOTALLE AT TOTALLEY POINT A	☐ DELETE	4.1 TITLE		L Change	Addition	
MAME TREMBLEY, BRIAN M.		4. 2 NAME				
GITY-S1-2IF MT. PLEASANT SC	1	4.3 STREET ADDRESS				
TITLE MI. PLEASANT SC	DELETE	4.4 CITY - ST - ZIP 5 1 TITLE	··	☐ Change	Addition	
NAME		5.2 NAME		<u> </u>		
STREET ADDRESS		5.3 STREET ADDRESS				
City-ST-Zif		5.4 CITY-\$1-2IP				
THLE	DELETE	6 1 TITLE		Change	Addition	
NAME		62 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-SI-ZIP		6.4 CITY - ST - ZIP				

14. I do hereby certily 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 a state of the corporation of the corpor

SIGNATURE:

aytimic Phone #

FILED

Jan 15 1997 8:00am

Secretary of State

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