

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 # F95000001010 (6)

1. Corporation Name

SI/BAKER, INC.



Principal Place of Business

P.O. BOX 110  
EASTON PA 18044-0110

Mailing Address

P.O. BOX 110  
EASTON PA 18044-0110

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Street, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 607.1508, 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 of the Registered Agent or the Designated Agent

DATE Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| NAME           | D YURKOVIC, LEN    | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 600 KUEBLER ROAD   |                                 |
| CITY-STATE-ZIP | EASTON PA          |                                 |
| NAME           | D BAKER, RUSTY     | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 600 KUEBLER ROAD   |                                 |
| CITY-STATE-ZIP | EASTON PA          |                                 |
| NAME           | P JORDAN, MICHAEL  | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 600 KUEBLER ROAD   |                                 |
| CITY-STATE-ZIP | EASTON PA          |                                 |
| NAME           | V FELLOWS, EUGENE  | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 600 KUEBLER ROAD   |                                 |
| CITY-STATE-ZIP | EASTON PA          |                                 |
| NAME           | S TOWLE, ALVIN F   | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 600 KUEBLER ROAD   |                                 |
| CITY-STATE-ZIP | EASTON PA          |                                 |
| NAME           | T SEMANICK, RONALD | <input type="checkbox"/> DELETE |
| STREET ADDRESS | 600 KUEBLER ROAD   |                                 |
| CITY-STATE-ZIP | EASTON PA          |                                 |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 1. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-STATE-ZIP |                                                                   |
| 2. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-STATE-ZIP |                                                                   |
| 3. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-STATE-ZIP |                                                                   |
| 4. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-STATE-ZIP |                                                                   |
| 5. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-STATE-ZIP |                                                                   |
| 6. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ronald J. Semanick*

RONALD J. SEMANICK 11/16/96

(610) 252-7321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (12/95)