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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000006132

1. Corporation Name
 LIBERTY PROPERTY DEVELOPMENT CORP.



Principal Place of Business: 65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355
 Mailing Address: 65 VALLEY STREAM PARKWAY, SUITE 100 MALVERN PA 19355

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-2790437	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing	
				<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNY, JOSEPH P	1.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENZA, ROBERT E.	2.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWES, JAMES J	3.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBURGER, GEORGE J JR	4.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, WILLARD G	5.2 NAME	
STREET ADDRESS	65 VALLEY STREAM PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHHOLZ, FREDERICK	6.2 NAME	
STREET ADDRESS	1735 MARKET ST., STE. 4200	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: James A. Bousquiere 4/5/99 610-648-1715
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)