

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).


APPROVED
AND
FILED

97 SEP 29 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001596 (3)
1. Corporation Name
THOMAS JEFFERSON UNIVERSITY, INCORPORATED

Principal Place of Business: 11TH & WALNUT STREETS PHILADELPHIA PA 19107
Mailing Address: 11TH & WALNUT STREETS PHILADELPHIA PA 19107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1996
3a. Date of Last Report

4. FEI Number: 123-135-2651
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 21 Suite, Apt. #, etc.
22 22 City & State
23 23 Zip
24 24 Country

2a. Mailing Address
25 25 Suite, Apt. #, etc.
26 26 City & State
27 27 Zip
28 28 Country

19107

9. Name and Address of Current Registered Agent
PARK, JOON H
7925 N.W. 12TH STREET, STE 125
MIAMI FL 33126

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number Is Not Acceptable)
B3 700002309377-9
-10/01/97--01110--004
B4 City *****70.00 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE: P, Director	<input checked="" type="checkbox"/> DELETE
NAME: BRECHBILL, ALAN	
STREET ADDRESS: 2210 GIBBON	
CITY-ST-ZIP: PHILADELPHIA PA	
TITLE: V	<input checked="" type="checkbox"/> DELETE
NAME: BURNHAM, JANET	
STREET ADDRESS: 2210 GIBBON	
CITY-ST-ZIP: PHILADELPHIA PA	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: BROWN, CARMHEIL	
STREET ADDRESS: 2210 GIBBON	
CITY-ST-ZIP: PHILADELPHIA PA	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: CURRAN, MICHAEL	
STREET ADDRESS: 2210 GIBBON	
CITY-ST-ZIP: PHILADELPHIA PA	
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	
1.1 TITLE: RICHARD S. SCHMID, Director/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: 6th Floor, Scott Bldg.	
1.3 STREET ADDRESS: 1020 WALNUT ST.	
1.4 CITY-ST-ZIP: PHILA, PA 19107	
2.1 TITLE: D, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: JOHN P. SULLIVAN	
2.3 STREET ADDRESS: 412 FL, Scott Bldg.	
2.4 CITY-ST-ZIP: 1020 WALNUT ST. PHILA, PA. 19107	
3.1 TITLE: S, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: MONWIER, JOHN	
3.3 STREET ADDRESS: 103 College	
3.4 CITY-ST-ZIP: PHILADELPHIA, PA	
4.1 TITLE: T, O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: KENNETH VALOSKI	
4.3 STREET ADDRESS: 5th FL., SCOTT BLDG	
4.4 CITY-ST-ZIP: 1020 WALNUT ST. PHILA, PA. 19107	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED

CR2E037 (4/97)