

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 12 PM 10:04**

**DOCUMENT # P06917 (9)**  
1. Corporation Name  
**ASSOCIATION CONSULTANTS, INC.**

Principal Place of Business  
**600 WEST FULTON STREET  
CHICAGO IL 60661-1110**

Mailing Address  
**20 MOORES RD.  
FRAZER PA 19355  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/30/1985**

3a. Date of Last Report  
**05/01/1994**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

4. FEI Number  
**36-3340427**

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**

7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**DIBARTOLOMEO, JOSEPH  
8400 BIRD ROAD  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>SMITH, RICHARD H.</b>
STREET ADDRESS	<b>20 MOORES RD.</b>
CITY - ST - ZIP	<b>FRAZER PA</b>
TITLE	<b>SVPD</b>
NAME	<b>DEHAVEN, MICHAEL A</b>
STREET ADDRESS	<b>20 MOORES RD.</b>
CITY - ST - ZIP	<b>FRAZER PA</b>
TITLE	<b>VPSD</b>
NAME	<b>SOUDERS, RONALD L.</b>
STREET ADDRESS	<b>20 MOORES RD.</b>
CITY - ST - ZIP	<b>FRAZER PA</b>
TITLE	<b>VPD</b>
NAME	<b>STAHL, EUGENE S.</b>
STREET ADDRESS	<b>20 MOORES RD.</b>
CITY - ST - ZIP	<b>FRAZER PA</b>
TITLE	<b>T</b>
NAME	<b>MAZZUCA, JOHN A.</b>
STREET ADDRESS	<b>20 MOORES RD.</b>
CITY - ST - ZIP	<b>FRAZER PA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/S/D</b>
2.3 STREET ADDRESS	<b>David R. Aplington</b>
2.4 CITY - ST - ZIP	<b>20 Moores Road Frazer, PA 19355</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V/D</b>
3.3 STREET ADDRESS	<b>Martin Renninger</b>
3.4 CITY - ST - ZIP	<b>20 Moores Road Frazer, PA 19355</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>(no longer with company)</b>
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>T/D</b>
5.3 STREET ADDRESS	<b>Anita R. Tilley</b>
5.4 CITY - ST - ZIP	<b>20 Moores Road Frazer, PA 19355</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 addendum.

SIGNATURE: David R. Aplington David R. Aplington Secretary 3/31/95  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

610-648-5279