

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31899 (8)**
1. Corporation Name **LOREL MARKETING GROUP, INC.**



Principal Place of Business: **500 N. GULPH ROAD, SUITE 307 KING OF PRUSSIA PA 19406 US**
Mailing Address: **500 N. GULPH ROAD, SUITE 307 KING OF PRUSSIA PA 19406 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **11/27/1990**
3a. Date of Last Report: **05/22/1995**
4. FEI Number: **23-2474268**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SIMPSON, LARRY D 1102 NORTH GADSDEN STREET TALLAHASSEE FL 32303**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 Registered Agent)
Signature of Registered Agent (Print Name and Title of Agent)
NOTE: Registered Agent's signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK, LORNA	12 NAME	
STREET ADDRESS	720 ROBERTS ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA 19010	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ARTHUR	22 NAME	
STREET ADDRESS	1742 HAMILTON DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	VALLEY FORGE PA 19481	24 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRLING, ROBERT	32 NAME	
STREET ADDRESS	872 ROBIN HOOD DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA 18103	34 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFFER, HAROLD	42 NAME	
STREET ADDRESS	1021 GREEN VALLEY RD	43 STREET ADDRESS	
CITY-ST-ZIP	BRYN MAWR PA 19010	44 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTMAN, LEWIS	52 NAME	
STREET ADDRESS	1815 GERSON DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	PENN VALLEY PA 19072	54 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, DONNA	62 NAME	
STREET ADDRESS	74 JENNIFER DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	CHESTER SPRINGS PA 19420	64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13-I changed, or on an attachment with an address.

SIGNATURE: *Donna Lee* 7/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DONNA R. LEE**

CR2E034 (3/96)