

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 19406-2616 US

3. Date Incorporated or Qualified: 11/27/1990
3a. Date of Last Report: 07/26/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc: SUITE 400
22 City & State:
23 Zip: Country:
24 25 29 30
2b. Mailing Address: 26 Suite, Apt. #, etc: SUITE 400
27 City & State:
28 Zip: Country:
29 30
4. FEI Number: 23-2474268
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BLANTON, EDWIN F ESQ.
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
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: (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: RUDNICK, LORNA	1.1 TITLE: VIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 720 ROBERTS ROAD	CITY-ST-ZIP: BRYN MAWR PA 19010	1.2 NAME: CARL RUDNICK	
TITLE: VD	NAME: POWELL, ARTHUR	1.3 STREET ADDRESS: 500 N. GULPH RD	
STREET ADDRESS: 1742 HAMILTON DRIVE	CITY-ST-ZIP: VALLEY FORGE PA 19481	1.4 CITY-ST-ZIP: KING OF PRUSSIA PA 19406	
TITLE: VD	NAME: GIRLING, ROBERT	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 872 ROBIN HOOD DRIVE	CITY-ST-ZIP: ALLENTOWN PA 18103	2.2 NAME:	
TITLE: VD	NAME: SCHAEFFER, HAROLD	2.3 STREET ADDRESS:	
STREET ADDRESS: 1021 GREEN VALLEY RD	CITY-ST-ZIP: BRYN MAWR PA 19010	2.4 CITY-ST-ZIP:	
TITLE: S	NAME: GANTMAN, LEWIS	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1615 GERSON DRIVE	CITY-ST-ZIP: PENN VALLEY PA 19072	3.2 NAME:	
TITLE: T	NAME: LEE, DONNA	3.3 STREET ADDRESS:	
STREET ADDRESS: 74 JENNIFER DRIVE	CITY-ST-ZIP: CHESTER SPRINGS PA 19420	3.4 CITY-ST-ZIP:	
TITLE: S	NAME: GANTMAN, LEWIS	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1615 GERSON DRIVE	CITY-ST-ZIP: PENN VALLEY PA 19072	4.2 NAME:	
TITLE: T	NAME: LEE, DONNA	4.3 STREET ADDRESS:	
STREET ADDRESS: 74 JENNIFER DRIVE	CITY-ST-ZIP: CHESTER SPRINGS PA 19420	4.4 CITY-ST-ZIP:	
TITLE: S	NAME: GANTMAN, LEWIS	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1615 GERSON DRIVE	CITY-ST-ZIP: PENN VALLEY PA 19072	5.2 NAME:	
TITLE: T	NAME: LEE, DONNA	5.3 STREET ADDRESS:	
STREET ADDRESS: 74 JENNIFER DRIVE	CITY-ST-ZIP: CHESTER SPRINGS PA 19420	5.4 CITY-ST-ZIP:	
TITLE: S	NAME: GANTMAN, LEWIS	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1615 GERSON DRIVE	CITY-ST-ZIP: PENN VALLEY PA 19072	6.2 NAME:	
TITLE: T	NAME: LEE, DONNA	6.3 STREET ADDRESS:	
STREET ADDRESS: 74 JENNIFER DRIVE	CITY-ST-ZIP: CHESTER SPRINGS PA 19420	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CARL H. RUDNICK 3/20/97 610-377-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)