

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38735** (7)

1. Corporation Name  
**DELPHI BROKERAGE COMPANY**



Principal Place of Business: **2501 PARKWAY PHILADELPHIA PA 19130-2499**  
Mailing Address: **2501 PARKWAY PHILADELPHIA PA 19130-2499**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, Etc.	26. State, Apt. #, Etc.	<b>05/11/1992</b>	<b>04/26/1995</b>
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	<b>51-0338249</b>	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85. Zip Code
				<b>FL</b>

11. Pursuant to the provisions of Sections 607.040 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 607.040 of the Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 NAME	<input type="checkbox"/> DELETE	13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 ADDRESS		13. 2. NAME	
12 CITY & STATE		13. 3. STREET ADDRESS	
12 ZIP		13. 4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 TITLE	<input type="checkbox"/> DELETE	13. 5. TITLE	
12 NAME		13. 6. NAME	
12 ADDRESS		13. 7. STREET ADDRESS	
12 CITY & STATE		13. 8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 ZIP		13. 9. TITLE	
12 TITLE	<input type="checkbox"/> DELETE	13. 10. NAME	
12 NAME		13. 11. STREET ADDRESS	
12 ADDRESS		13. 12. CITY & STATE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 CITY & STATE		13. 13. TITLE	
12 ZIP		13. 14. NAME	
12 TITLE	<input type="checkbox"/> DELETE	13. 15. STREET ADDRESS	
12 NAME		13. 16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 ADDRESS		13. 17. TITLE	
12 CITY & STATE		13. 18. NAME	
12 ZIP		13. 19. STREET ADDRESS	
12 TITLE	<input type="checkbox"/> DELETE	13. 20. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation. The officer 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, changed, or is added, with an address.

SIGNATURE: *Lawrence E. Daurelle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Lawrence E. Daurelle**  
1/18/96 (215) 787-4000

CR2E034 (12/95)