

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90043 008 ***158.75

DOCUMENT # P93000069989

1. Corporation Name
EIDOS, INC.

Principal Place of Business
148 W STATE ST
KENNETT SQUARE PA 19348
US

Mailing Address
148 W STATE ST
KENNETT SQUARE PA 19348
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/04/1993

4. FEI Number
16-1447586

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 101 East State Street
Suite, Apt. #, etc.

2a. Mailing Address
26 101 East State Street
Suite, Apt. #, etc.

22 City & State
23 Kennett Square, PA
24 Zip 19348 25 Country USA

27 City & State
28 Kennett Square, PA
29 Zip 19348 30 Country USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	WALKER, MICHAEL R	148 W STATE ST	KENNETT SQUARE PA	<input type="checkbox"/>
D	HOWARD, RICHARD R	148 W STATE ST	KENNETT SQUARE PA	<input type="checkbox"/>
VP	HAGER, GEORGE V JR	148 W STATE ST	KENNETT SQUARE PA	<input type="checkbox"/>
VP	MCKEON, JAMES V	148 W STATE ST	KENNETT SQUARE PA	<input type="checkbox"/>
S	GUERNICK, IRA C	148 W STATE ST	KENNETT SQUARE PA	<input type="checkbox"/>
T	KUHNLE, KENNETH R.	148 W STATE ST	KENNETT SQUARE PA	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		101 East State Street	Kennett Square, PA 19348	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		101 East State Street	Kennett Square, PA 19348	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		101 East State Street	Kennett Square, PA 19348	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		101 East State Street	Kennett Square, PA 19348	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		101 East State Street	Kennett Square, PA 19348	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
		Treasurer Barbara J. Hauswald	101 East State Street Kennett Square, PA 19348	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)