

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90049 029 ***150.00

DOCUMENT # P96000042873

1. Corporation Name ALLIED/STANLEY, INC.



Principal Place of Business: C/O URDANG & ASSOC REAL ESTATE ADVISORS 630 GERMANTOWN PIKE. STE. 321 PLYMOUTH MEETING PA 19462
Mailing Address: C/O URDANG & ASSOC REAL ESTATE ADVISORS 630 GERMANTOWN PIKE. STE. 321 PLYMOUTH MEETING PA 19462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/20/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		23-2851348	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> Trust Fund Contribution \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
FL							

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URDANG, E. SCOTT	1.2 NAME	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE. 321	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA	1.4 CITY-ST-ZIP	19462
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUM, DAVID J.	2.2 NAME	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, STE. 321	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA	2.4 CITY-ST-ZIP	19462
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOVICK, STEVEN C.	3.2 NAME	
STREET ADDRESS	630 GERMANTOWN PIKE, STE. 321	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA	3.4 CITY-ST-ZIP	19462
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANFILIPPO, VINCENT	4.2 NAME	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, STE. 321	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA	4.4 CITY-ST-ZIP	19462
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: David J. Blum REQUIRED D. Blum 8-10-99 610-834-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)