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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Mar 24 1998 8:00am
Secretary of State

DOCUMENT # 813139 (3)

1. Corporation Name
ALLSTATES DESIGN & DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
1 NESHAMINY INTERPLEX SUITE 301 TREVOSE PA 19053 US	1 NESHAMINY INTERPLEX SUITE 301 TREVOSE PA 19053 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1958
4. FEI Number: 21-0680481 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARRICK, FREDERICK E.		1.2 NAME		
STREET ADDRESS	2320 FOX GLEN CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	NOVAK, REGIS		2.2 NAME	McMULLIN, LANE	
STREET ADDRESS	162 DAWNS EDGE		2.3 STREET ADDRESS	2079 BROOK HIGHLAND RIDGE	
CITY-ST-ZIP	MONTGOMERY TX		2.4 CITY-ST-ZIP	BIRMINGHAM, AL. 35242	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CLYDE M.		3.2 NAME		
STREET ADDRESS	1589 FAIRWAY VIEW DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRIMINGHAM AL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, WILLIAM C.		4.2 NAME		
STREET ADDRESS	624 PEVSNER ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	YARDLEY PA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, TED C.		5.2 NAME		
STREET ADDRESS	4472 CLAIRMONT AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GOODRICH, T. MICHAEL		6.2 NAME		
STREET ADDRESS	3320 DELL RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: William C. Anderson 3-12-98