

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # 739800

(1)

1. Corporation Name

WORLDTEAM U.S.A., INC.

Principal Place of Business

Mailing Address

1431 STUCKERT ROAD
WARRINGTON PA 18976
US

1431 STUCKERT ROAD
WARRINGTON PA 18976
US

3. Date Incorporated or Qualified

08/12/1977

4. FEI Number

59-1759927

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, CHARLES O., JR.,
1300 NORTHWEST 187TH STREET
NORTH MIAMI FL 33169

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 617.0502 and 617.1508, 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 617.0503, 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 | PD | <input type="checkbox"/> DELETE |
| NAME | REIMER, CLARENCE | |
| STREET ADDRESS | 11920 MATTHEWS COURT | |
| CITY-ST-ZIP | FAIRFAX VA | |
| TITLE | TDS | <input type="checkbox"/> DELETE |
| NAME | SMITH, PHYLLIS | |
| STREET ADDRESS | 307-A1 EMMONS DRIVE | |
| CITY-ST-ZIP | PRINCETON NJ | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HARDISON, RICH | |
| STREET ADDRESS | 7120 GANBY STREET | |
| CITY-ST-ZIP | NORFOLK VA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WRIGHT, BARNEY | |
| STREET ADDRESS | 695 CARSON DRIVE | |
| CITY-ST-ZIP | LEBANON OH | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CAIN, CURT | |
| STREET ADDRESS | 1455 YORKTOWN DRIVE | |
| CITY-ST-ZIP | LAWRENCEVILLE GA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COTTE, MORRIS | |
| STREET ADDRESS | 858 FIVE POINT RD. | |
| CITY-ST-ZIP | VA BEACH VA | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | RICH HARDISON |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald K. Malachuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)