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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90007 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005480

1. Corporation Name
BAPCI SERVICES, INC.



Principal Place of Business 1717 ARCH ST. 32ND FLOOR PHILADELPHIA PA 19103	Mailing Address 1717 ARCH ST. 32ND FLOOR 30TH FLOOR PHILADELPHIA PA 19103 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **1717 Arch St**

Suite, Apt. #, etc.

27 **15th Fl.**

City & State

28 **Philadelphia, PA**

Zip Country

29 **19103**

30

3. Date Incorporated or Qualified

10/22/1996

4. FEI Number

23-2808932

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VSD** ☐ DELETE

NAME **HEIMANN, STEPHEN B**
STREET ADDRESS **1717 ARCH ST, 32ND FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **CD** ☐ DELETE

NAME **MURPHY, DERMOTT O**
STREET ADDRESS **1717 ARCH ST, 32ND FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **TD** ☐ DELETE

NAME **RIDGE, GARY C**
STREET ADDRESS **1717 ARCH ST, 32ND FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE **AS** ☐ DELETE

NAME **GRAFTON, BARBARA E**
STREET ADDRESS **1717 ARCH ST, 32ND FLOOR**
CITY-ST-ZIP **PHILADELPHIA PA 19103**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

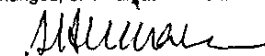
6.2 NAME

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 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:



Stephen Heimann

1/24/99

Date

215-963-6437

Daytime Phone #

CR2E034 (1/198)