FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:18

DOCUMENT # 474985 (9)

1. Corporation Name
PDR MANAGEMENT CORP.

Principal Place of Business
2240 TULPENHOCKEN RD
P.O. BOX 6387
WYOMISSING PA 19610

Mailing Address
2240 TULPENHOCKEN RD
P.O. BOX 6387
WYOMISSING PA 19610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1975
3a. Date of Last Report: 01/26/1994

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

4. FEI Number: 59-1582406 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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, struck through] N/A No Change [date struck through]
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	P	1 1 TITLE	☐ Change ☐ Addition
NAME	ROWE, PHILIP D. JR.	1 2 NAME	
STREET ADDRESS	2222 TULPEHOCKEN RD	1 3 STREET ADDRESS	
CITY ST ZIP	READING PA 19610	1 4 CITY ST ZIP	
TITLE	SD	2 1 TITLE	☐ Change ☐ Addition
NAME	ROWE,MARY LEE	2 2 NAME	
STREET ADDRESS	2224 TULPEHOCKEN RD	2 3 STREET ADDRESS	
CITY ST ZIP	READING PA 19610	2 4 CITY ST ZIP	
TITLE	SD	3 1 TITLE	☐ Change ☐ Addition
NAME	BARTO, AMELIA R. (ASST)	3 2 NAME	
STREET ADDRESS	2224 TULPEHOCKEN RD.	3 3 STREET ADDRESS	
CITY ST ZIP	WYOMISSING PA 19610	3 4 CITY ST ZIP	
TITLE	TD	4 1 TITLE	☐ Change ☐ Addition
NAME	BARTO, LARRY S.	4 2 NAME	
STREET ADDRESS	2224 TULPEHOCKEN RD.	4 3 STREET ADDRESS	
CITY ST ZIP	WYOMISSING PA 19610	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Philip D. Rowe Jr. Pres. 1/12/95 610-378-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486460 FN