SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
96 SEP 10 AM 9:54

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

3. Date Incorporated or Qualified: 04/30/1975
3a. Date of Last Report: 01/18/1995
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

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

9. **Name and Address of Current Registered Agent**
CT CORPORATION SYSTEM
1200 S. 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

500001552485
--03/20/96--01020--022
****375.00 ****375.00

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ROWE, PHILIP D. JR.	
STREET ADDRESS	2222 TULPEHOCKEN RD	
CITY-ST-ZIP	READING PA	
TITLE	SD	☐ DELETE
NAME	ROWE,MARY LEE	
STREET ADDRESS	2224 TULPEHOCKEN RD	
CITY-ST-ZIP	READING PA	
TITLE	SD	☐ DELETE
NAME	BARTO, AMELIA R. (ASST)	
STREET ADDRESS	2224 TULPEHOCKER RD.	
CITY-ST-ZIP	WYOMISSING PA	
TITLE	TD	☐ DELETE
NAME	BARTO, LARRY S.	
STREET ADDRESS	2224 TULPEHOCKER RD.	
CITY-ST-ZIP	WYOMISSING PA	
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		

9/9/96

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)(k), 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: Philip D Rowe Jr. 9/9/96 610-378-1143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (3/96)

0188326 FN