

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

SEP 11 1995 11 01 26

DOCUMENT # 809134 (0)

1. Corporation Name
H.S. CROCKER COMPANY, INC.

Principal Place of Business Mailing Address
660 AMERICAN AVE., SUITE 102 KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/25/1952** 3a. Date of Last Report **01/27/1994**
 4. FEI Number **94-0411565** 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 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

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	C
NAME	KAUFFMAN, R N
STREET ADDRESS	660 AMERICAN AVE STE 102
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	D
NAME	SLOSS, L JR
STREET ADDRESS	660 AMERICAN AVE STE 102
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	D
NAME	SHEEHAN, THOMAS J.
STREET ADDRESS	660 AMERICAN AVE STE 102
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	D
NAME	JOHNSON, L A
STREET ADDRESS	660 AMERICAN AVE STE 102
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	D
NAME	KAUFFMAN, R.R.
STREET ADDRESS	660 AMERICAN AVE STE 102
CITY - ST - ZIP	KING OF PRUSSIA PA
TITLE	P
NAME	CAMPBELL, STEVE
STREET ADDRESS	660 AMERICAN AVE STE 102
CITY - ST - ZIP	KING OF PRUSSIA PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WALTER GAUSS
33 STREET ADDRESS	660 American Ave.
34 CITY - ST - ZIP	KING OF PRUSSIA PA 1890
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter Gauss Walter Gauss 6/7/95 (610) 768 7074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)

CR2E034 (3/95)