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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **809134** (0)
 1. Corporation Name
H.S. CROCKER COMPANY, INC.



Principal Place of Business: **660 AMERICAN AVE., SUITE 102 KING OF PRUSSIA PA 19406**
 Mailing Address: **660 AMERICAN AVE., SUITE 102 KING OF PRUSSIA PA 19406-4032**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/25/1952	3a. Date of Last Report 02/09/1996
21 12100 SMITH DRIVE Suite, Apt. #, etc.	26 12100 SMITH DRIVE Suite, Apt. #, etc.	4. FEI Number 94-0411565	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 HUNTLEY, ILLINOIS	28 HUNTLEY, ILLINOIS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 60142	29 60142	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
	85 Zip Code FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, R N	12 NAME	
STREET ADDRESS	660 AMERICAN AVE STE 102	13 STREET ADDRESS	12100 SMITH DRIVE
CITY- ST- ZIP	KING OF PRUSSIA PA	14 CITY- ST- ZIP	HUNTLEY, ILLINOIS 60142
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOSS, L, JR	22 NAME	
STREET ADDRESS	660 AMERICAN AVE STE 102	23 STREET ADDRESS	12100 SMITH DRIVE
CITY- ST- ZIP	KING OF PRUSSIA PA	24 CITY- ST- ZIP	HUNTLEY, ILLINOIS 60142
TITLE	S <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUSS, WALTER	32 NAME	JOHN DAI
STREET ADDRESS	660 AMERICAN AVE STE 102	33 STREET ADDRESS	12100 SMITH DRIVE
CITY- ST- ZIP	KING OF PRUSSIA PA	34 CITY- ST- ZIP	HUNTLEY, ILLINOIS 60142
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, L A	42 NAME	
STREET ADDRESS	660 AMERICAN AVE STE 102	43 STREET ADDRESS	12100 SMITH DRIVE
CITY- ST- ZIP	KING OF PRUSSIA PA	44 CITY- ST- ZIP	HUNTLEY, ILLINOIS 60142
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFFMAN, R.R.	52 NAME	
STREET ADDRESS	660 AMERICAN AVE STE 102	53 STREET ADDRESS	12100 SMITH DRIVE
CITY- ST- ZIP	KING OF PRUSSIA PA	54 CITY- ST- ZIP	HUNTLEY, ILLINOIS 60142
TITLE	P <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, STEVE	62 NAME	P, D
STREET ADDRESS	660 AMERICAN AVE STE 102	63 STREET ADDRESS	RON GIORDANO
CITY- ST- ZIP	KING OF PRUSSIA PA	64 CITY- ST- ZIP	12100 SMITH DRIVE HUNTLEY, ILLINOIS 60142

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 in the attachment with an address.

SIGNATURE: *Ron Giordano* **RON GIORDANO** 3/4/97 847/669-3600
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized File #

CR2E034 (9/96)