FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 813139 (3)

1. Corporation Name
ALLSTATES DESIGN & DEVELOPMENT COMPANY

Principal Place of Business
1210 NORTHBROOK DR., SUITE #150
TREVOSE PA 19053

Mailing Address
1210 NORTHBROOK DR., SUITE #150
TREVOSE PA 19053

3. Date Incorporated or Qualified: 10/23/1958
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business		2a. Mailing Address	
21	1 Neshaminy Interplex	26	1 Neshaminy Interplex
Suite, Apt #, etc		Suite, Apt #, etc.	
22	Suite 301	27	Suite 301
City & State		City & State	
23	Trevose PA	28	Trevose PA
Zip / Country		Zip / Country	
24	19053 — 25 Country: USA	29	19053 — 30 Country: USA

4. FEI Number: 21-0680481 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRICK, FREDERICK E.		1.2 NAME	
STREET ADDRESS	2320 FOX GLEN CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	NOVAK, REGIS		2.2 NAME	
STREET ADDRESS	2093 E WELLINGTON RD		2.3 STREET ADDRESS	162 Dawns Edge
CITY-ST-ZIP	NEWTOWN PA		2.4 CITY-ST-ZIP	Montgomery, TX 77356
TITLE	TO	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CLYDE M.		3.2 NAME	
STREET ADDRESS	1589 FAIRWAY VIEW DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, WILLIAM C.		4.2 NAME	
STREET ADDRESS	624 PEVSNER ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	YARDLEY PA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, TED C.		5.2 NAME	
STREET ADDRESS	4472 CLAIRMONT AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GOODRICH, T. MICHAEL		6.2 NAME	
STREET ADDRESS	3320 DELL RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL		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)(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: William C. Anderson, V.P. WILLIAM C. ANDERSON 215-633-3500 02-08-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)