## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name

Principal Place of Business	Mailing Address			
30 S 17TH ST	30 s 17th St			
PHILADELPHIA PENNSYLVANIA 19103	Philadelphia Pennsylvania 19103			

**FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90136 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/24/1964 4. FEI Number Applied For Not Applicable 23-1173910 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State ~\$5:00:May Be ~ 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip □ No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 83 TALLAHASSEE FL 32301 City 85 Zip Code numose of changing its registered

office or r	egistered agent, or both, in the State of Florida. Such chang m familiar with, and accept the obligations of, Section 607.0	ge was authorized	d by the corpo	oration's board of directors. I her	eby accept the appoi	ntment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	INOTE: Registered	Agent signature n	equired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	13.				OFFICERS AND DIRECTORS IN 12		
TITLE	AS DE	ELETE 1.1 TI	ITLE			Change	Addition	
NAME	FERGUSON, WILLIAM J JR.	1.2 N	AME					
STREET ADDRESS	14 SPRING STREET	1.3 \$	TREET ADDRESS					
CITY-ST-ZIP	LEXINTON MA	1.4 C	ITY-ST-ZIP	· 				
TITLE	DCO DE	ELETE 2.1 TV	TLE	PD		Change	Addition	
NAME	MILLER, CHARLES, Q	2.2 N		SHAY D. ASSAD			•	
STREET ADDRESS	141 SPRING ST	2.3 5	TREET ADDRESS	ONE BRORDWAY				
CITY-ST-ZIP	LEXINGTON MA	2.40	XITY-ST-ZIP .	CAMBRIDGE M	A 02421			
TITLE		ELETE 3,1 TI			# . *	☐ Change	☐ Addition	
NAME	SIMMERS, ROBERT, A	3.2 N	AME					
STREET ADDRESS	30 SOUTH 17TH ST	3.3 8	TREET ADDRESS					
CITY-ST-ZIP	PHILADELPHIA PA	3.4. C	XTY-ST-ZIP	i 				
TITLE	VP DE	ELETE 4.1 TI	TLE		i i	Change	Addition	
NAME	BICKEL, JEROME E.	4. 2 N		_				
STREET ADDRESS	30 SOUTH 17TH ST	4.3 S	TREET ADDRESS	510 CARNEGIE	ENTER			
CITY-ST-ZIP	PHILADELPHIA, PA 00000	4.4 CI	TTY-ST-ZIP	PRINCETON, NU	08540			
TITLE	VP DE	ELETE : 5.1 TI	TLE			Change	☐ Addition	
NAME	MONTGOMERY, TIMOTHY L.	5.2 N			•			
STREET ADDRESS	141 SPRING ST	5.3 S	TREET ADDRESS	ONE BROADWAY				
CITY-ST-ZIP	LEXINGTON MA		ITY-ST-ZIP	CAMBRIGGE, MA	02421			
TITLE	AT DE	ELETE 6.1 TI	TLE	- 1		Change	☐ Addition	
NAME	ZIINO, CHRISTOPHER F	6.2 N	AME					
STREET ADDRESS	30 SOUTH 17TH STREET	6.3 S	TREET ADDRESS					
CITY-ST-ZIP	PHILADELPHIA, PA 00000	6.4 C	ITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

**SIGNATURE:**