

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **827071 (2)**

1. Corporation Name  
**ESIS, INC.**



Principal Place of Business Mailing Address  
**% TAX DEPARTMENT  
1601 CHESTNUT ST., 13TLP  
PHILADELPHIA PA 19192-9135**

3. Date Incorporated or Qualified **11/22/1971** 3a. Date of Last Report **04/20/1995**  
4. FEI Number **--95-2210800-** 95-2008390 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 **Two Liberty Place** 26 **c/o Tax Department**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **1601 Chestnut St.,** 27 **13TLP**  
City & State City & State  
23 **Philadelphia, PA** 28 **Philadelphia, PA**  
Zip Country Zip Country  
24 **19192** 25 **PHILA.** 29 **19192** 30 **PHILA.**

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

Signature typed or printed name of registered agent (to be filled in)

DATE Registered Agent's signature (to be filled in)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAFNER, RAYMOND E.</b>	1.2 NAME	
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMPSON, SHARON E.</b>	2.2 NAME	
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, THOMAS G.</b>	3.2 NAME	
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>	3.3 STREET ADDRESS	<b>S</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	3.4 CITY-ST-ZIP	<b>HEMPHILL, W. BRUCE</b>
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HART, JOANNE R</b>	4.2 NAME	
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>	4.3 STREET ADDRESS	<b>1601 CHESTNUT ST.,</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	4.4 CITY-ST-ZIP	<b>PHILADELPHIA, PA</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'HARA, BRIAN P.</b>	5.2 NAME	
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NEARY, BARBARA A.</b>	6.2 NAME	
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>	6.3 STREET ADDRESS	<b>AS</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	6.4 CITY-ST-ZIP	<b>GIDDINGS, DONNA A.</b>
			<b>1601 CHESTNUT ST</b>
			<b>PHILADELPHIA, PA</b>

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: *Donna Giddings* Donna A. Giddings Asst. Secretary 4/26/1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)