

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

% TAX DEPARTMENT  
1601 CHESTNUT ST., 13TLP  
PHILADELPHIA PA 19192-9135



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

3. Date Incorporated or Qualified

11/22/1971

3a. Date of Last Report

04/20/1995

4. FEI Number

--95-2210600- 95-2008390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.1506, 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 (Block 12)

Signature typed or printed name of new registered agent (Block 10)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	HAFNER, RAYMOND E.	1601 CHESTNUT STREET	PHILADELPHIA PA	<input type="checkbox"/>
VD	SIMPSON, SHARON E.	1601 CHESTNUT STREET	PHILADELPHIA PA	<input type="checkbox"/>
S	MURPHY, THOMAS G.	1601 CHESTNUT ST.	PHILADELPHIA PA	<input checked="" type="checkbox"/>
T	HART, JOANNE R	1601 CHESTNUT STREET	PHILADELPHIA PA	<input type="checkbox"/>
D	O'HARA, BRIAN P.	1601 CHESTNUT ST.	PHILADELPHIA PA	<input type="checkbox"/>
AT	NEARY, BARBARA A.	1601 CHESTNUT ST.	PHILADELPHIA PA	<input type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

S  
HEMPHILL, W. BRUCE  
1601 CHESTNUT ST.,  
PHILADELPHIA, PA

AS  
GIDDINGS, DONNA A.  
1601 CHESTNUT ST  
PHILADELPHIA, PA

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 A. Giddings*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna A. Giddings

Asst. Secretary

4/26/1996

CR2E034 (12/95)