FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:56

DOCUMENT # 827429 (2)

1. Corporation Name
FORMATION, INC.

Principal Place of Business	Mailing Address
121 WHITTENDALE DRIVE MOORESTOWN NJ 08057	121 WHITTENDALE DRIVE MOORESTOWN NJ 08057

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1972	3a. Date of Last Report: 02/09/1994
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number: 22-1909393	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BEARD, DONALD	1.2 NAME		
STREET ADDRESS	9204 WOODVALE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAMASCUS MD	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	PAMPEL, ROLAND	2.2 NAME		
STREET ADDRESS	33 CHEQUAMEGON BAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	KESSLER, BARRY	3.2 NAME		
STREET ADDRESS	732 SOCIETY HILL	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHERRY HILL NJ	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ENDRES, R O	4.2 NAME		
STREET ADDRESS	35 ORIOLE WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN, NJ 00000	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	BEARD, A D	5.2 NAME		
STREET ADDRESS	728 IRON POST RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN, NJ 00000	5.4 CITY-ST-ZIP		
TITLE	VT	6.1 TITLE	VT	☒ Change ☐ Addition
NAME	VALENTINE, TIMOTHY	6.2 NAME	Worthman, Charles	
STREET ADDRESS	11 HOLBROOK RD	6.3 STREET ADDRESS	26 S. Wendover Rd.	
CITY-ST-ZIP	HAVERTOWN PA	6.4 CITY-ST-ZIP	Medford, NJ 08055	

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)(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.

SIGNATURE: Charles A. Worthman 1/24/95 609 234-5020
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Charles A. Worthman

0478399 FP