

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 # 842445 (9)

1. Corporation Name

AMERICAN ADJUSTMENT COMPANY, INC.

Principal Place of Business

Mailing Address

C/O TAX DEPT TLP13  
1601 CHESTNUT STREET  
PHILADELPHIA PA 19192-9135

C/O TAX DEPT TLP13  
1601 CHESTNUT STREET  
PHILADELPHIA PA 19192-9135



2. Principal Place of Business

21 Two Liberty Place

Suite, Apt. #, etc.

22 1601 Chestnut Street

City & State

23 Philadelphia, PA

Zip

24 19192

Country

25 PHILA

2a. Mailing Address

26 c/o Tax Department

Suite, Apt. #, etc.

27 13TLP

City & State

28 Philadelphia, PA

Zip

29 19192-2135

Country

30 PHILA

3. Date Incorporated or Qualified

01/23/1979

3a. Date of Last Report

04/20/1995

4. FEI Number

94-2540796

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

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 officer or director

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HINCKLEY, RICHARD A  
STREET ADDRESS 1601 CHESTNUT ST  
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

TITLE S  
NAME MULLIGAN, GEORGE C.  
STREET ADDRESS 1601 CHESTNUT ST.  
CITY-ST-ZIP PHILA PA ☐ DELETE

TITLE VPT  
NAME BLENDER, MARCY F.  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

TITLE D  
NAME BRUNO, JOSEPH  
STREET ADDRESS 18581 TELLER AVENUE  
CITY-ST-ZIP IRVINE CA ☐ DELETE

TITLE D  
NAME PALQUITT, WILLIAM  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PILA PA ☐ DELETE

TITLE AS  
NAME MURPHY, THOMAS G  
STREET ADDRESS 1601 CHESTNUT ST.  
CITY-ST-ZIP PHILADELPHIA PA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS  
Brunetti, Jeffrey A  
1601 Chestnut Street,  
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 supplement 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:

*Jeffrey A. Brunetti*

Jeffrey A. Brunetti

Date

4/29/1996

Daytime Phone

761-1000

CR2E034 (12/95)