


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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **842445** (9)  
1. Corporation Name  
**AMERICAN ADJUSTMENT COMPANY, INC.**



Principal Place of Business <del>TOW LIBERTY PLACE</del> <b>1601 CHESTNUT STREET</b> <b>PHILADELPHIA PA 19102</b> US	Mailing Address <del>137LP</del> <b>C/O TAX DEPARTMENT</b> <b>PHILADELPHIA PA 19102</b> US
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2. Principal Place of Business 21 <b>TL 13 A</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>TL 13A</b> City & State 28 <b>Philadelphia, PA</b> Zip 29 <b>19192</b> Country 30
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3. Date Incorporated or Qualified <b>01/23/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>94-2540796</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>HINCKLEY, RICHARD A</b>
STREET ADDRESS	<b>1601 CHESTNUT ST</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>MULLIGAN, GEORGE C.</b>
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>
CITY-ST-ZIP	<b>PHILA PA</b>
TITLE	VPT <input type="checkbox"/> DELETE
NAME	<b>BLENDER, MARCY F.</b>
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>BRUNO, JOSEPH</b>
STREET ADDRESS	<b>18581 TELLER AVENUE</b>
CITY-ST-ZIP	<b>IRVINE CA</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PALQUITT, WILLIAM</b>
STREET ADDRESS	<b>1601 CHESTNUT STREET</b>
CITY-ST-ZIP	<b>PILA PA</b>
TITLE	AS <input type="checkbox"/> DELETE
NAME	<b>MURPHY, THOMAS G</b>
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>MARTIN J. GENTLEMEN</b>
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<b>VPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>KENNETH R. GARRETT</b>
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>MARTIN J. GENTLEMEN</b>
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>WILLIAM PALGUTT</b>
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<b>AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>KIM M. SMITH</b>
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Kim M. Smith* **KIM M. SMITH** 4/197 215-761-1606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)