

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 846872 (0)  
1. Corporation Name  
RADNOR/ISLAND CORPORATION



Principal Place of Business  
1801 MARKET ST  
PHILADELPHIA PA 19103  
US

Mailing Address  
1801 MARKET ST  
PHILADELPHIA PA 19103  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2144818	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. 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
		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 of the principal officer, officer, or registered agent and title (if applicable)		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	
NAME	OSBURN, S.H.		
STREET ADDRESS	1801 MARKET ST		
CITY-ST-ZIP	PHILADELPHIA PA		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	BROWNLIE, T., JR.		
STREET ADDRESS	1801 MARKET ST		
CITY-ST-ZIP	PHILADELPHIA PA		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	OSBURN, SH		
STREET ADDRESS	501 N A1A		
CITY-ST-ZIP	JUPITER FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	MULHOLLAND, P.A.		
STREET ADDRESS	1801 MARKET ST		
CITY-ST-ZIP	PHILADELPHIA PA		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	JONES, P M		
STREET ADDRESS	1801 MARKET ST		
CITY-ST-ZIP	PHILADELPHIA PA		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	P. A. Mulholland		
1.3 STREET ADDRESS	1801 Market St.		
1.4 CITY-ST-ZIP	Philadelphia, PA 19103		
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	E.C. GERNER		
2.3 STREET ADDRESS	1801 MARKET ST.		
2.4 CITY-ST-ZIP	Philadelphia, PA 19103		
3.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	P.M. Jones		
3.3 STREET ADDRESS	1801 MARKET ST.		
3.4 CITY-ST-ZIP	Philadelphia, PA 19103		
4.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	R. HANISH		
4.3 STREET ADDRESS	1801 MARKET ST.		
4.4 CITY-ST-ZIP	Philadelphia, PA 19103		
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 type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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14. I 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.

CR2E034 (10/97)