

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 1:55

DOCUMENT # **849394** (2)
1. Corporation Name
RBMU INTERNATIONAL, USA COUNCIL INCORPORATED

Principal Place of Business Mailing Address
**480 RHAWN STR
PHILADELPHIA PA 19111
US** **8102 ELBERON AVE.
PHILADELPHIA PA 19111-1613
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/10/1981** 3a. Date of Last Report **03/08/1994**
4. FEI Number **23-1501214** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1431 Stuckert Road** 26 **1431 Stuckert Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Warrington PA** 27 **Warrington, PA**
City & State City & State
23 **18976** 24 **USA** 29 **18976** 30 **USA**
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HENRY, ROLAND
2001 N OCEAN BLVD
LA FONTANA 602
BOCA RATON FL 33431**

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 registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE **VD**
NAME **KILGORE, ROBERT**
STREET ADDRESS **23 BLACK PINE RD**
CITY-ST-ZIP **HOLLAND PA**
TITLE ~~**SD**~~
NAME ~~**MEADE, DAVID C**~~
STREET ADDRESS ~~**1148 DIXON LANE**~~
CITY-ST-ZIP ~~**WARMINSTER PA**~~
TITLE **CD**
NAME **NEWBERRY, DAVID**
STREET ADDRESS **637 FITZ WATERTOWN RD.**
CITY-ST-ZIP **WILLOW GROVE PA**
TITLE **D**
NAME **JACKSON, WALTER**
STREET ADDRESS **1613 FELLOWSHIP DR.**
CITY-ST-ZIP **LANCASTER PA**

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 **SD** Change Addition
2.2 NAME **Acker, Ronald**
2.3 STREET ADDRESS **2967 Madison Avenue**
2.4 CITY-ST-ZIP **Roslyn, PA 19001**
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

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 110.07(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 in ink; that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: David L. Newberry David L. Newberry 1/24/95 215-491-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Include Title)