


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 20 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 <p>CORPORATION ANNUAL REPORT 1995</p>	<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morshuis Secretary of State DIVISION OF CORPORATIONS</p>
<p>DOCUMENT # 849435 (3)</p> <p>1. Corporation Name ESIS INTERNATIONAL, INC.</p>	

Principal Place of Business % TAX DEPARTMENT 1801 CHESTNUT PLACE PHILADELPHIA PA 19122-2135	Mailing Address % TAX DEPARTMENT 1801 CHESTNUT PLACE PHILADELPHIA PA 19122-2135
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/15/1981		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21 State, Apt. #, etc. 23 City & State 24 Zip 25 Country		4. FEI Number 23-1913993	
2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under S. 109.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AS	NAME HESSING, ILANA G.	1.1 TITLE S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1601 CHESTNUT ST	CITY-ST-ZIP PHILADELPHIA PA	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP 19192	
TITLE PO	NAME ROBERTS, HUGH C.	2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1601 CHESTNUT ST	CITY-ST-ZIP PHILADELPHIA PA	2.2 NAME MAY, ALAN L	
		2.3 STREET ADDRESS 1601 CHESTNUT ST.	
		2.4 CITY-ST-ZIP PHILA PA 19192	
TITLE S	NAME MULLIGAN, GEORGE D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1601 CHESTNUT STREET	CITY-ST-ZIP PHILADELPHIA PA	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE AS	NAME BETZLER, RICHARD F	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1601 CHESTNUT STREET	CITY-ST-ZIP PHILADELPHIA PA	4.2 NAME SCHMALZRIEDT, GARY T	
		4.3 STREET ADDRESS 1601 CHESTNUT STREET	
		4.4 CITY-ST-ZIP PHILA PA 19192	
TITLE VT	NAME CROWLEY, JAMES M.	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1601 CHESTNUT ST	CITY-ST-ZIP PHILADELPHIA PA	5.2 NAME WOOD, DAVID H	
		5.3 STREET ADDRESS 1601 CHESTNUT ST.	
		5.4 CITY-ST-ZIP PHILA PA. 19192	
TITLE VPT	NAME GARST, DAVID B.	6.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1601 CHESTNUT STREET	CITY-ST-ZIP PHILADELPHIA PA	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP 19192	

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)(b), 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: George D. Mulligan **George D. Mulligan** 4/13/95 (215) 761-2907
(Type Name)

ESIS INTERNATIONAL, INC. (239)

849435

ADDRESS:

TWO LIBERTY PLACE - 1601 CHESTNUT STREET
PHILADELPHIA
PENNSYLVANIA 19192

TELEPHONE:

(215) 761-1000

OWNERSHIP: INA FINANCIAL CORPORATION - 100%

DIRECTORS

ALAN L MAY
GARY T SCHMALZRIEDT
DAVID H WOOD

OFFICERS

ALAN L MAY
DAVID B GARST

JOHN J GAYNARD
JOHN J JONES
GARY T SCHMALZRIEDT
ILANA G HESSING
GEORGE D MULLIGAN
THOMAS G MURPHY
JOSEPH E MC COLE
PETER J STEINMETZ

PRESIDENT
VICE PRESIDENT
TREASURER
VICE PRESIDENT
VICE PRESIDENT
VICE PRESIDENT
CORPORATE SECRETARY
ASSISTANT CORPORATE SECRETARY
ASSISTANT CORPORATE SECRETARY
ASSISTANT SECRETARY
ASSISTANT TREASURER

AS OF: 06/09/94