FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 853202 (0)

1. Corporation Name

HAJOCA CORPORATION

Principal Place of Business
127 COULTER AVE.
ARDMORE PA 19003

Mailing Address
127 COULTER AVE.
ARDMORE PA 19003

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 04/04/1995
4. FEI Number: 23-2203401 ☐ 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

2. Principal Place of Business
21 127 COULTER AVE.
Suite, Apt. #, etc.
22
City & State
23 ARDMORE, PA
Zip
24 19003
Country
25

2a. Mailing Address
26 127 COULTER AVE.
Suite, Apt. #, etc.
27
City & State
28 ARDMORE, PA
Zip
29 19003
Country
30

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 ________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	C	☐ DELETE
NAME	COLBURN, KEITH W	
STREET ADDRESS	11980 SAN VINCENTE BLVD	
CITY-ST-ZIP	LA, CA 00000	
TITLE	VT	☐ DELETE
NAME	CALLAHAN, THOMAS P	
STREET ADDRESS	RD #1 BOX 352	
CITY-ST-ZIP	MALVERN, PA 00000	
TITLE	AT	☐ DELETE
NAME	PLUNKETT, MICHAEL K.	
STREET ADDRESS	127 COULTER AVE.	
CITY-ST-ZIP	ARDMORE PA	
TITLE	PS	☐ DELETE
NAME	PARSONS, ROBERT F	
STREET ADDRESS	930 MONTGOMERY AVE	
CITY-ST-ZIP	BRYN MAWR, PA 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	555 SKOKIE BLVD, SUITE 555	
1.4 CITY-ST-ZIP	NORTHBROOK, IL 60065	
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		

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 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: Thomas P. Callahan 4/26/96 610-649-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)