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 # **854189** **(8)**

1. Corporation Name

BOGAN, INC.

Principal Place of Business	Mailing Address
% FRANK W. HAKE 1500 CHESTER PIKE EDDYSTONE PA 19022-1337	% FRANK W. HAKE 1500 CHESTER PIKE EDDYSTONE PA 19022-1337

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 09/28/1982	3a. Date of Last Report: 07/07/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 23-2050101	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	

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

Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOGAN, JAMES A		1.2 NAME		
STREET ADDRESS	1500 CHESTER PIKE		1.3 STREET ADDRESS		
CITY-ST-ZIP	EDDYSTONE PA		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOGAN, JR. JAMES A.		2.2 NAME		
STREET ADDRESS	1500 CHESTER PIKE		2.3 STREET ADDRESS		
CITY-ST-ZIP	EDDYSTONE PA		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWERTNER		3.2 NAME		
STREET ADDRESS	1500 CHESTER PIKE		3.3 STREET ADDRESS		
CITY-ST-ZIP	EDDYSTONE PA		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NATALE, JOSPEH P.		4.2 NAME		
STREET ADDRESS	1500 CHESTER PIKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	EDDYSTONE PA		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, FRANK		5.2 NAME		
STREET ADDRESS	1500 CHESTER PIKE		5.3 STREET ADDRESS		
CITY-ST-ZIP	EDDYSTONE PA		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POULTUER, DUANE		6.2 NAME		
STREET ADDRESS	1500 CHESTER PIKE		6.3 STREET ADDRESS		
CITY-ST-ZIP	EDDYSTONE PA		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Joseph P. Natale 4/12/96 (610) 876 9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number