

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 12:34

DOCUMENT # 858376

(7)

1. Corporation Name

JACKSON-CROSS COMPANY

Principal Place of Business

100 NORTH 20TH ST.
PHILADELPHIA PA 19103

Mailing Address

100 NORTH 20TH ST.
PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1983

3a. Date of Last Report

02/07/1994

4. FEI Number

23-1551713

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

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEYMOUR, CHARLES F
STREET ADDRESS	100 NORTH 20TH ST.
CITY-ST-ZIP	PHILADELPHIA, PA.
TITLE	DP
NAME	JONES, J. RICHARD
STREET ADDRESS	100 NORTH 20TH ST.
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	VS
NAME	BOWDEN, CHERYL J.
STREET ADDRESS	100 NORTH 20TH ST.
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	V
NAME	BOWMAN, ROBERT F.
STREET ADDRESS	100 NORTH 20TH ST.
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	T
NAME	MACDADE, ROBERT M.
STREET ADDRESS	100 NORTH 20TH ST.
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	
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	
1.4 CITY-ST-ZIP	
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	VP
4.3 STREET ADDRESS	GREGORY J. WEST
4.4 CITY-ST-ZIP	100 NORTH 20TH ST. PHILA, PA 19103
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 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:

Robert M. MacDade
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

ROBERT M. MACDADE

1-23-95

216-561-8900