

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 17 AM 11:05	
1. Name of Limited Partnership CARDINAL PARTNERS, A PENNSYLVANIA LIMITED PARTNE RSHIP		1a. DOCUMENT # A10250			
Mailing Address * PARKEMORE CORPORATION P. O. BOX 500, SUITE 300, BRANDYWINE ONE CHADDS FORD PA 19317		Principal Office Address * PARKEMORE CORPORATION P. O. BOX 500, SUITE 300, BRANDYWINE ONE CHADDS FORD PA 19317		3. Date Formed or Registered 03/24/1981 3a. Date of Last Report 10/10/1995 4. State or Country of Formation PA	
2. Mailing Address Suite, Apt. #, etc. P.O. Box 999 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. P.O. Box 999 City & State Zip Country		5a. Capital Contributions as Shown on record \$300,000.00 5b. Amount of Capital Contributions in FLORIDA to date \$ 300,000.00 6. FET Number 23-2037753 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State Zip Code FL			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) NEW CASTLE COMPANY (THE)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 64300 BRANDYWINE ONE 2 Pond's Edge Drive		11b. City, State & Zip Code CHADDS FORD PA 5.0000000000000000 -177.06250000000000 ***1503.00000000000000	
. 		11c. Registration/Document Number G93109900005	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE _____ Typed or Printed Name of General Partner Signing Form Bruce E. Moore		DATE DEC 11 1996 Daytime Telephone Number (610) 388-9600			

CP2E003 (6/96)