**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:24

# DOCUMENT # F92000000812 (9)

1. Corporation Name

**LEHMAN/SDI, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5 GREAT VALLEY PARKWAY<br>MALVERN PA 19355 | 5 GREAT VALLEY PARKWAY<br>MALVERN PA 19355 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 12/22/1994
4. FEI Number: 13-3396604 — Applied For / Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 101 Hudson St. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. Corporate Tax - 39th Fl |
| 23 City & State | 28 City & State Jersey City NJ |
| 24 Zip / 25 Country | 29 Zip 07302 / 30 Country USA |

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 taxable intangible property under s. 199.032 Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**10. Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | PCD | ☒ Change ☐ Addition |
| NAME | MARSHALL, DONALD T | |
| STREET ADDRESS | 5 GREAT VALLEY PARKWAY | 1 Logan Square, Suite 2600 |
| CITY-ST-ZIP | MALVERN PA 19355 | Philadelphia, PA 19103 |
| TITLE | VST | ☒ Change ☐ Addition |
| NAME | CISSONE, LOUIS J | |
| STREET ADDRESS | 5 GREAT VALLEY PARKWAY | 1 Logan Square, Suite 2600 |
| CITY-ST-ZIP | MALVERN PA 19355 | Philadelphia, PA 19103 |
| TITLE | D | ☒ Change ☐ Addition |
| NAME | EDMONSON, NORMAN V | |
| STREET ADDRESS | 5 GREAT VALLEY PARKWAY | 1 Logan Square, Suite 2600 |
| CITY-ST-ZIP | MALVERN PA 19355 | Philadelphia, PA 19103 |
| TITLE | D | ☐ Change ☐ Addition |
| NAME | HOFFMAN, ARNOLD S | |
| STREET ADDRESS | 5 GREAT VALLEY PARKWAY | 1 Logan Square, Suite 2600 |
| CITY-ST-ZIP | MALVERN PA 19355 | Philadelphia, PA 19103 |
| TITLE | D | ☒ Change ☐ Addition D |
| NAME | HUGHES, JEFFREY P | Fried, Eliot |
| STREET ADDRESS | 5 GREAT VALLEY PARKWAY | 3 World Financial Center |
| CITY-ST-ZIP | MALVERN PA 19355 | Jersey City, NJ 07302 |
| TITLE | 1VP | ☒ Change ☐ Addition |
| NAME | O'BRIEN, BARRY J | |
| STREET ADDRESS | 5 GREAT VALLEY PARKWAY | 101 Hudson St. |
| CITY-ST-ZIP | MALVERN PA 19355 | Jersey City, NJ 07302 |

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: Barry O'Brien — BARRY J. O'BRIEN, First Vice President — JUN 18 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

CR2E034 (3/95)

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