FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F92000000812 (9)**

1. Corporation Name
LEHMAN/SDI, INC.

Principal Place of Business	Mailing Address
5 GREAT VALLEY PARKWAY **MALVERN PA 19355**	**101 HUDSON STREET** **CORPORATION TAX-39TH FLOOR** **JERSEY CITY NJ 07302-3915** **US**

3. Date Incorporated or Qualified: **12/21/1992**
3a. Date of Last Report: **05/21/1996**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **13-3386604** ☐ 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

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

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, DONALD T		1.2 NAME	
STREET ADDRESS	1 LOGAN SQUARE, SUITE 2600		1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CISSONE, LOUIS J		2.2 NAME	
STREET ADDRESS	1 LOGAN SQUARE, SUITE 2600		2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EDMONSON, NORMAN V		3.2 NAME	
STREET ADDRESS	1 LOGAN SQUARE, SUITE 2600		3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, ARNOLD S		4.2 NAME	
STREET ADDRESS	1 LOGAN SQUARE, SUITE 2600		4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FRIED, ELIOT		5.2 NAME	
STREET ADDRESS	3 WORLD FINANCIAL CENTER		5.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ		5.4 CITY-ST-ZIP	
TITLE	TVP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, BARRY J		6.2 NAME	
STREET ADDRESS	101 HUDSON STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ		6.4 CITY-ST-ZIP	

05/14/97

200002198782
-06/03/97--01003--019
***660.00

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 added by amendment with an address.

SIGNATURE: Donna Reis Assistant Treasurer 201 524-5112