

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000000241 (0)**

1. Corporation Name

**THE EAGLE'S EYE, INC. OF DELAWARE**



Principal Place of Business

1001 WASHINGTON ST.  
CONSHOHOCKEN PA 19428

Mailing Address

1001 WASHINGTON ST.  
CONSHOHOCKEN PA 19428

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip County

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip County

29

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

01/20/1993

3a. Date of Last Report

08/07/1995

4. FEI Number

51-0195263

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.002 and 607.003, Florida Statutes, I, the undersigned, a natural person, hereby certify 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 607.009, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	BURCH, ROBERT L	
STREET ADDRESS	1001 WASHINGTON ST.	
CITY-ST-ZIP	CONSHOHOCKEN PA 19428	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURCH, J. CHRISTOPHER	
STREET ADDRESS	1001 WASHINGTON ST.	
CITY-ST-ZIP	CONSHOHOCKEN PA 19428	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GORGE, DANIEL J.	
STREET ADDRESS	1001 WASHINGTON ST.	
CITY-ST-ZIP	CONSHOHOCKEN PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIBLIA, MICHAEL E.	
STREET ADDRESS	1001 WASHINGTON ST.	
CITY-ST-ZIP	CONSHOHOCKEN PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(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 manager or trustee responsible to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Daniel J. Gorge*  
Daniel J. Gorge

4/18/96

(610) 941-3700

CR2E034 (12/95)