FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 APR -4 AM 10:44

DOCUMENT # **F93000000348 (3)**

1. Corporation Name
PENN INDEPENDENT CORPORATION

Principal Place of Business	Mailing Address
420 S. YORK ROAD HATBORO PA 19040	420 S. YORK ROAD HATBORO PA 19040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 23-1997046 ☐ 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

CARL DOMINO ASSOCIATES, L.P.
580 VILLAGE BOULEVARD, SUITE 225
WEST PALM BEACH FL 33409

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, type or print name of registered agent (not title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SALTZMAN, IRVIN	12 NAME	
STREET ADDRESS	8818 SE NORTH PASSAGE WAY	13 STREET ADDRESS	
CITY ST ZIP	TEQUESTA FL 33469	14 CITY ST ZIP	
TITLE	VCD	21 TITLE	DIRECTOR ONLY ☒ Change ☐ Addition
NAME	ELLMAN, CHARLES	22 NAME	Remove--retired - VICE CHAIRMAN
STREET ADDRESS	921 CARDINAL LANE	23 STREET ADDRESS	
CITY ST ZIP	HUNTINGDON VALLEY PA	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	LEAR, ROBERT A	32 NAME	
STREET ADDRESS	3689 MARKHAM DRIVE	33 STREET ADDRESS	
CITY ST ZIP	BENSALEM PA 19020	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	SALTZMAN, MARION-LOUISE	42 NAME	
STREET ADDRESS	8818 SE NORTH PASSAGE WAY	43 STREET ADDRESS	
CITY ST ZIP	TEQUESTA FL 33469	44 CITY ST ZIP	
TITLE	P	51 TITLE	Remove in entirety. ☒ Change ☐ Addition
NAME	ELLMAN, LEROY S	52 NAME	No longer w/company
STREET ADDRESS	1504 EVANS ROAD	53 STREET ADDRESS	
CITY ST ZIP	LOWER GWYNEDD PA 19002	54 CITY ST ZIP	
TITLE	DVS	61 TITLE	☐ Change ☐ Addition
NAME	HEERIN, JAMES E JR	62 NAME	
STREET ADDRESS	3011 SYCAMORE ROAD	63 STREET ADDRESS	
CITY ST ZIP	HUNTINGDON VALLEY PA 19006	64 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 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: James E. Heerin, Jr. James E Heerin, Jr. 3/29/95 215-443-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397074 FP