FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000001196 (5)**

1. Corporation Name

INTELLEX CORP.

Principal Place of Business	Mailing Address
4720 OLD GETTYSBURG ROAD. SUITE 307 MECHANICSBURG PA 17055	4720 OLD GETTYSBURG ROAD. SUITE 307 MECHANICSBURG PA 17055

3. Date Incorporated or Qualified: **03/03/1993**
3a. Date of Last Report: **02/02/1995**

4. FEI Number: **25-1665464** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1030 PLYMOUTH ROAD	26 1030 PLYMOUTH ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 YORK, PA	City & State 28 YORK, PA
Zip 24 17402- Country 25 USA	Zip 29 17402 Country 30 USA

9. Name and Address of Current Registered Agent

LAMBERT, JAMES E
2525 S.W. 75TH AVENUE
MIAMI FL 33155

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 Section 607.0505 and 617.1505, 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	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ORTENZIO, MARTIN J		12 NAME		
STREET ADDRESS	4720 OLD GETTYSBURG ROAD, SUITE 307		13 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA 17055		14 CITY ST ZIP		
TITLE	DVST	☑ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SALERNO, MICHAEL E		22 NAME		
STREET ADDRESS	4720 OLD GETTYSBURG ROAD, SUITE 307		23 STREET ADDRESS		
CITY-ST-ZIP	MECHANICSBURG PA		24 CITY ST ZIP		
TITLE		☐ DELETE	31 TITLE	DST	☐ Change ☑ Addition
NAME			32 NAME	BRIAN D. ECKER	
STREET ADDRESS			33 STREET ADDRESS	704 BALTIMORE STREET	
CITY-ST-ZIP			34 CITY ST ZIP	HANOVER PA 17331	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate; that this corporation still qualifies for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 to the report or is otherwise authorized.

SIGNATURE: Brian D. Ecker BRIAN D ECKER 1-21-96 (717) 975-8725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — PHONE #

CR2E034 (12/95)