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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

	1996	DIVISION OF C	CORPORATIONS	
DOCUN 1. Corporation	MENT # F9300 0	0001243 (5)	
HPI PA	ARTNERS II, INC.			
Principal Place o	of Rusiness	Mailing Address		
1025 MT. PLI VILLANOVA F	Easant-road Pa-19085 -	4625-MT: PLEASANT R -VILLANOVA PA-18085	OAD	
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/03/1993 03/14/1995
2. Principal Plac	ce of Business	2a, Maiting Address		4. FEI Number L Applied For
21 290 K	ing of Prussia Ro	126 290 King o	f Prussia R	23-2676819 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		Certificate of Status Desired \$8.75 Additional
	2, Suite 122	27 Bldg. 2,	Suite 122	Fee Required
City & State Radno:	r, PA	City & State Radnor, P	T	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zp aal πaaaan	Country	Zip 29 19087~5111	Country	8. This corporation has liability for intangible tax under s 199,032,
24 19087	-5]]] ²⁵ 9. Name and Address of Current		[30]	Florida Statutes Yes No 10. Name and Address of New Registered Agent
			81 Name	10, Traine and Madress of Hotel Hogelotted Agent
B&CC	ORPROATE SERVICES OF CENT	TRAL FLINC	82 Street Add	ress (P.O. Box Number is Not Acceptable)
390 NORTH ORANGE AVENUE, SUITE 1100			Street Add	Tess (F.O. Box Number is Not Acceptable)
ORLAND	O FL 32801	• •	B3	
			84 City	85 Zip Code
11 December to	the are injure of Parties 607 0500	-1.007.4500 Fb :		 -
or registere	a agent, or both, in the State of Florida	. Such change was authorized	s, the above hamed corpor d by the corporation's boa	ration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
lander with	n, and accept the obligations of, Section	n 607.0505, Florida Statutes.		
SIGNATURE s	lightature, type of or printed name of registered agent as	ditte it applicable (NOT)	Registered Agent signature require	x: when reinstating: DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THE	ST CHICAGO IN I	☐ DELETE	1 1 1111.6	Change Addition
NAM.	GINSBERG, IRA J		1.2 NAME	
STREET ADDRESS	1625 MT. PLEASANT ROAD		1.3 STREET ADDRESS	
City St-7iP	VILLANOVA PA 19085 CD	DELETE	1 4 CITY-ST-ZIP 2 1 TITLE	C) Channe C Addition
NAME	HARLEY, EDWIN H	C) beter	2 2 NAME	☐ Change ☐ Addition
STREET ADURESS	1625 MT. PLEASANT ROAD		2.3 STREET ADDRESS	,
CHTY-ST ZIP	VILLANOVA PA 19085		2.4 CITY-ST-ZIP	
TH.E		DELETE	3 1 TITLE	Change Addition
NAME			3 2 NAME	
STREE! ADDRESS			33 STREET ADDRESS	
CITY ST ZO			34 CITY - ST - ZIP	
11 LF		☐ DELETE	. 4. 1 TITLE	☐ Change ☐ Addition
NAME STHEET ADDRESS			4 2 NAME	
			4.3 STREET ADDRESS	
CIY-SI-ZP		[] DELETE	4.4 CITY - ST - ZIP 5 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	Cuttings [] Natural
STREET ADDRESS			5 3 STREET ADDRESS	
CHY+S1-ZIF			5.4 C(1) - \$1 - Z(P	
THEF		DELETE	6 1 TITLE	Change Addition
NAME			6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
Clin St-2H			6 4 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)(k). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 in Block 13 in Block 14 in Block 15 in Block 15 in Block 15 in Block 15 in Block 16 in Block 16 in Block 16 in Block 17 in Block 17 in Block 18 in Block 18 in Block 18 in Block 19 in Block 19