

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Gandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:56**

DOCUMENT # F93000001347 (4)

1. Corporation Name

**TODTMAN, YOUNG, TUNICK, NACHAME, HENDLER, SPIZZ
✓ DRUGS P.C.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**425 PARK AVE 5TH FL
NEW YORK NY 10022
US** **425 PARK AVE. 5TH FL
NEW YORK NY 10022
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
03/17/1993 **04/27/1994**

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

4. FEI Number Applied For
13-2911171 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution 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
**PLEETER, LOUIS J
2255 GLADES ROAD, SUITE 236-W
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code
FL

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: *Martin Todtman* **Martin Todtman** DATE: **3/14/95**

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	YOUNG, DONALD R
STREET ADDRESS	425 PARK AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	VD
NAME	TODTMAN, MARTIN
STREET ADDRESS	425 PARK AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	S
NAME	TOLZ, ROBERT
STREET ADDRESS	425 PARK AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	TUNICK, CARL
STREET ADDRESS	425 PARK AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	NACHAME, BART
STREET ADDRESS	425 PARK AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	HENDLER, STANLEY B
STREET ADDRESS	425 PARK AVE
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *Martin Todtman* **Martin Todtman** DATE: **3/14/95** 212-254-9400

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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:09

DOCUMENT # **F93000001980 (2)**

1. Corporation Name

BRANDYWINE COMMUNITIES CORPORATION

Principal Place of Business

Mailing Address

BRANDYWINE ONE BUILDING, SUITE 300
CHADDS FORD BUSINESS CAMPUS
CHADDS FORD PA 19317

BRANDYWINE ONE BUILDING, SUITE 300
CHADDS FORD BUSINESS CAMPUS
CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1993

3a. Date of Last Report

03/03/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

23-2715285

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MOORE, BRUCE E
STREET ADDRESS	BRANDYWINE ONE BLDG., #300 CHADDS FORD BUS
CITY - ST - ZIP	CHADDS FORD PA 19317
TITLE	P
NAME	KRAUS, CARL E
STREET ADDRESS	112 HUNT VALLEY CIRCLE
CITY - ST - ZIP	BERWYN PA 19312
TITLE	V
NAME	ECKHOUSE, TODD
STREET ADDRESS	2805 CHANSERY LANE
CITY - ST - ZIP	CLEARWATER FL 34619
TITLE	S
NAME	PARKER-MOORE, DEBRA
STREET ADDRESS	128 KELLY LANE
CITY - ST - ZIP	MEDIA PA 19063
TITLE	T
NAME	MOORE, BRUCE E CEO
STREET ADDRESS	128 KELLY LANE
CITY - ST - ZIP	MEDIA PA 19063
TITLE	V
NAME	DOYLE, DENIS M
STREET ADDRESS	213 BENJAMIN DRIVE
CITY - ST - ZIP	WEST CHESTER PA 19382

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(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 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 of this filing with an attachment with an address.

SIGNATURE:

President

(610) 358-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number

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1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:09

DOCUMENT # **F93000001981 (0)**

1. Corporation Name

BRANDYWINE REAL ESTATE MANAGEMENT SERVICES CORPORATION

Principal Place of Business

Mailing Address

BRANDYWINE ONE BUILDING, SUITE 300
CHADDS FORD BUSINESS CAMPUS
CHADDS FORD PA 19317

BRANDYWINE ONE BUILDING, SUITE 300
CHADDS FORD BUSINESS CAMPUS
CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/27/1993** 3a. Date of Last Report **03/03/1994**

4. FCI Number **23-2713684** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MOORE, BRUCE E**
STREET ADDRESS **BRANDYWINE ONE BLDG #300 CHADDS FORD BUSINE**
CITY - ST - ZIP **CHADDS FORD PA 19317**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **V**
NAME **RUSSO, JACK J**
STREET ADDRESS **202 ELEVENTH AVNEUE**
CITY - ST - ZIP **COLLEGEVILLE PA 19426**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S**
NAME **GIOVINCO, PHILLIP C**
STREET ADDRESS **140 GLENWOOD AVENUE**
CITY - ST - ZIP **COLLEGEVILLE PA 19426**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **PT**
NAME **MOORE, BRUCE E**
STREET ADDRESS **128 KELLY LANE**
CITY - ST - ZIP **MEDIA PA 19063**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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SIGNATURE:

[Signature] **President**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(610) 358-4000

Date

Telephone Number

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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 12:20

DOCUMENT # **F93000002603 (9)**

1. Corporation Name

WHITEWATER WEST INDUSTRIES LTD., INC.

Principal Place of Business

Mailing Address

202-8630 BRIDGEPORT ROAD
RICHMOND, B.C. V6X 3C7

202-8630 BRIDGEPORT ROAD
RICHMOND, B.C. V6X 3C7

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/04/1993**
3a. Date of Last Report **03/07/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		98-0126754		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUTTER, GEOFFREY P	1.2 NAME	
STREET ADDRESS	5483 CYPRESS STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	VANCOUVER, B.C.	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAY, INGRID	2.2 NAME	
STREET ADDRESS	253 BAYVIEW ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LIONS BAY, B.C.	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEKE, LINDA	3.2 NAME	
STREET ADDRESS	18830 63A STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	SURREY, B.C.	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 19.07(3)(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 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 checked, or on an attached form with an address.

SIGNATURE:

G.P. Chutter
G.P. CHUTTER
President

MAR 31/95

Original Filing #

614-273-1068