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

APPROVED AND FILED

95 APR 19 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F93000001688 (1)

1. Corporation Name
CHARTWELL Realty Advisors, Inc

Principal Place of Business	Mailing Address
735 CHESTERBROOK BLVD. SUITE 200 WAYNE PA 19087 US	735 CHESTERBROOK BLVD. SUITE 200 WAYNE PA 19087 US

2. Principal Place of Business
21 1161 Lancaster Ave
Suite, Apt. #, etc.
22
City & State
23 Berwyn, PA
Zip 24 19312 Country 25 U.S.

2a. Mailing Address
26 1161 Lancaster Ave
Suite, Apt. #, etc.
27
City & State
28 Berwyn, PA.
Zip 29 19312 Country 30 U.S.

3. Date Incorporated or Qualified: 04/06/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 23-2676651 ☐ 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

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

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE 1/31/95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSON, JOHN A
STREET ADDRESS	713 CAMPWOODS ROAD
CITY-ST-ZIP	VILLANOVA PA 19085
TITLE	S
NAME	PALMER, LAWRENCE A D
STREET ADDRESS	387 ABRAMS MILL RD
CITY-ST-ZIP	KING OF PRUSSIA PA
TITLE	DVP
NAME	ROSELLE, CHARLES C D
STREET ADDRESS	96 S. ITHAN AVE.
CITY-ST-ZIP	VILLANOVA PA 19085
TITLE	DVP
NAME	MCDEVITT, HUGH MICHAEL D
STREET ADDRESS	310 KERWOOD DR
CITY-ST-ZIP	WAYNE PA 19087
TITLE	DVP
NAME	DOOLEY, LYNN M D
STREET ADDRESS	1100 WAKELING ST.
CITY-ST-ZIP	PHILADELPHIA PA 19124
TITLE	D
NAME	KENT, LAWRENCE A
STREET ADDRESS	205 GLENN ROAD
CITY-ST-ZIP	ARDMORE PA 19003

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Delete C.C. Roselle	☒ Change ☐ Addition
1.2 NAME	Delete H.M. Mc Devitt	(Delete Palmer, L)
1.3 STREET ADDRESS	Delete L.M. Dooley	
1.4 CITY-ST-ZIP	Delete L.A. Palmer	
2.1 TITLE P/D	P/D	☐ Change ☒ Addition
2.2 NAME	DEVINEY STEPHEN	
2.3 STREET ADDRESS	503 SPRUCE LANE	
2.4 CITY-ST-ZIP	VILLANOVA, PA 19085	
3.1 TITLE S/D	S/D	☒ Change ☐ Addition
3.2 NAME	JOHNSON, JOHN A	
3.3 STREET ADDRESS	713 CAMPWOODS RD	
3.4 CITY-ST-ZIP	VILLANOVA PA 19085	
4.1 TITLE D	D	☐ Change ☒ Addition
4.2 NAME	KENT, MAURICE D.	
4.3 STREET ADDRESS	431 GLYN WYNNE RD	
4.4 CITY-ST-ZIP	HAVERFORD PA 19041	
5.1 TITLE T	T	☐ Change ☒ Addition
5.2 NAME	MUNROE, JAN ROBERT	
5.3 STREET ADDRESS	597 BROOKWOOD ROAD	
5.4 CITY-ST-ZIP	WAYNE PA 19087	
6.1 TITLE		☐ Change ☐ 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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: Jan Robert Munroe JAN ROBERT MUNROE TREASURER 4/13/95 610-695-9300
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

JAN ROBERT MUNROE TREASURER

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