

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003401 (7)

1. Corporation Name

RTC SUPPLY, INC.



Principal Place of Business

Mailing Address

1180 WEST SWEDESFORD RD. SUITE 300. BLDG 2
BERWYN PA 19312

1180 WEST SWEDESFORD RD. SUITE 300. BLDG 2
BERWYN PA 19312

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

23-2702991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.1506, 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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAYER, ROBERT L JR.	
STREET ADDRESS	1180 WEST SWEDESFORD RD, STE. 300, BLDG. 2	
CITY-STATE-ZIP	BERWYN PA 19312	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	JANSEN, FREDERICK C	
STREET ADDRESS	1180 WEST SWEDESFORD RD, STE. 300, BLDG. 2	
CITY-STATE-ZIP	BERWYN PA 19312	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, ROBERT F	
STREET ADDRESS	1 INTERNATIONAL PLACE, 21ST FLOOR	
CITY-STATE-ZIP	BOSTON MA 02110	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, BRUCE R	
STREET ADDRESS	ONE BOSTON PLACE	
CITY-STATE-ZIP	BOSTON MA 02108	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEONAR, BARBARA	
STREET ADDRESS	1180 WEST SWEDESFORD RD. STE 300-2	
CITY-STATE-ZIP	BERWYN PA	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, MICHAEL	
STREET ADDRESS	1180 W SWEDESFORD RD., STE 300, BLDG.2	
CITY-STATE-ZIP	BERWYN PA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 or changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Morham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

Date

610-644-4796

Daytime Phone #

CR2E034 (12/95)