

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 # F93000003699 (6)

1. Corporation Name

LEON H. SULLIVAN, INC.



Principal Place of Business

530 WALNUT STREET
16TH FLOOR
PHILADELPHIA PA 19106
US

Mailing Address

530 WALNUT ST
16TH FLOOR
PHILADELPHIA PA 19106
US

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

04/10/1995

4. FEI Number

23-1542837

Applied For

Not Applicable

2. Principal Place of Business

21 615 Chestnut Street

2a. Mailing Address

26 615 Chestnut Street

Suite, Apt. #, etc.

22 16th Floor

Suite, Apt. #, etc.

27 16th Floor

City & State

23 Philadelphia, PA

City & State

28 Philadelphia, PA

Zip

24 19106

Country

25 US

Zip

29 19106

Country

30 US

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

POWERS, THOMAS J
100 2ND AVENUE SOUTH, #102
ST. PETERSBURG FL 33701

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 the filer (agent)

(Date: Registered Agent signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JAMES W	
STREET ADDRESS	530 WALNUT ST., 16TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POWERS, THOMAS J	
STREET ADDRESS	100 2ND AVENUE SOUTH, #102	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HANKINSON, DOROTHY J.	
STREET ADDRESS	530 WALNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'CONNOR, ELLEN V	
STREET ADDRESS	235 BRAKEL LANE	
CITY-ST-ZIP	MEDIA PA 19063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	615 Chestnut St., 16th Floor
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	615 Chestnut St., 16th Floor
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	900001829909
5.4 CITY-ST-ZIP	-05/20/96--01058--029
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***200.00
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy J. Hankinson 3/28/96 (215) 413-7605

SG 5-1-96

CR2E034 (12/95)