

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 1997 8:00am
Secretary of State

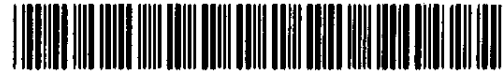
PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000003768 (9)

1. Corporation Name
1717 CAPITAL MANAGEMENT COMPANY



Principal Place of Business
220 CONTINENTAL DRIVE
SUITE 407
NEWARK DE 19713
US

Mailing Address
220 CONTINENTAL DR
SUITE 407
NEWARK DE 19713-4304
US

3. Date Incorporated or Qualified
08/18/1993

3a. Date of Last Report
03/20/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
23-1705787

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

MCNICHOL, ROBERT E JR.
10002 PRINCESS PALM AVENUE
TAMPA FL 33619

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

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 _____ (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	ROWELL, L.J. JR.	
STREET ADDRESS	1600 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19103	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REBER, STANLEY R	
STREET ADDRESS	1600 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA 19103	
TITLE	CO	<input type="checkbox"/> DELETE
NAME	ERICSON, THOMAS J	
STREET ADDRESS	220 CONTINENTAL DRIVE, STE. 407	
CITY - ST - ZIP	NEWARK DE	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REIHL, LANCE A	
STREET ADDRESS	220 CONTINENTAL DRIVE	
CITY - ST - ZIP	NEWARK DE 19713	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SEKKER, LINDA E	
STREET ADDRESS	1600 MARKET STREET	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	Reber, Stanley R.
2.4 CITY - ST - ZIP	1050 Westlakes Drive Berwyn, PA 19312
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	Scaramella, Adam
3.4 CITY - ST - ZIP	1050 Westlakes Drive Berwyn, PA 19312
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas J. Ericson 1/23/97 302-453-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)