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FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 300 Continental Drive

Suite, Apt. #, etc.

22 Ste. 3, South

City & State

23 Newark, DE

Zip

24 19713

Country

25 US

2a. Mailing Address

26 P.O. Box 15626

Suite, Apt. #, etc.

27

City & State

28 Wilmington, DE

Zip

29 19850

Country

30 US

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

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**S
NAME SCARAMELLA, ADAM
STREET ADDRESS 1050 WESTLAKES DRIVE
CITY-ST-ZIP BERWYN PA**

TITLE ☒ DELETE

**D
NAME REBER, STANLEY R
STREET ADDRESS 1050 WESTLAKES DRIVE
CITY-ST-ZIP BERWYN PA**

TITLE ☒ DELETE

**CO
NAME ERICSON, THOMAS J
STREET ADDRESS 220 CONTINENTAL DRIVE, STE. 407
CITY-ST-ZIP NEWARK DE**

TITLE ☐ DELETE

**P
NAME REHL, LANCE A
STREET ADDRESS 220 CONTINENTAL DRIVE
CITY-ST-ZIP NEWARK DE 19713**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Director
J. Kevin McCarthy
1050 Westlakes Drive
Berwyn, PA**

**Compliance Officer
Krulikowski, Michael
300 Continental Drive, Ste. 3 South
Newark, DE 19713**

**President
Rehl, Lance A.
300 Continental Drive
Newark, DE 19713**

14. I 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

Michael Krulikowski

1/29/98 (800) 828-9765

CR2E034 (10/97)