

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90148 008 ***150.00

DOCUMENT # F93000004400

1. Corporation Name
COLLINSON, INC.

Principal Place of Business
P.O. BOX 181
EXTON PA 19341

Mailing Address
P.O. BOX 181
EXTON PA 19341



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1993

4. FEI Number

23-1895784

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECAROLIS, JOESEPH
606 VIA VERONA
DEERFIELD BEACH FL 33442

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME COLLINSON, THOMAS W JR.
STREET ADDRESS 813 ROBERT DEAN DRIVE
CITY-ST-ZIP DOWNINGTOWN PA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME COLLINSON, THOMAS W SR.
STREET ADDRESS 16 THOMAS OAKS DRIVE
CITY-ST-ZIP POTTSTOWN PA 19464

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VC ☐ DELETE
NAME COLLINSON, MARY B
STREET ADDRESS 16 THOMAS OAKS DRIVE
CITY-ST-ZIP POTTSTOWN PA 19464

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPSD ☐ DELETE
NAME WOLPER, JOHN
STREET ADDRESS 395 FIRST AVENUE
CITY-ST-ZIP PHOENIXVILLE PA 19460

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME RYDER, RONALD
STREET ADDRESS 6 REYNOLDS AVENUE
CITY-ST-ZIP POTTSTOWN PA 19464

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

W. Ronald Ryder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Ronald Ryder, TREASURER

Date

1/5/99 (602)469-9077

Daytime Phone #

CR2E034 (1/198)

0008103