FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 MAY 20 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005407 (2)**

1. Corporation Name
SWIRE SOURCE AMERICA TWO, INC.

Principal Place of Business	Mailing Address
1001 WASHINGTON ST. CONSHOHOCKEN PA 19428	1001 WASHINGTON ST. CONSHOHOCKEN PA 19428-2358

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 11/01/1996
4. FEI Number 23-2615672	☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES-HALLETT, JAMES		1.2 NAME	100002160241---1
STREET ADDRESS	4-F SWIRE HOUSE, 9 CONNAUGHT ROAD		1.3 STREET ADDRESS	-04/30/97--01053--024
CITY-ST-ZIP	CENTRAL, HONG KONG		1.4 CITY-ST-ZIP	****495.00 ****165.00
TITLE	CEOD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURCH, ROBERT L		2.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA 19428		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BURCH, J. CHRISTOPHER		3.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA 19428		3.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SIBILIA, MICHAEL E		4.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA 19428		4.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GORGE, DANIEL J		5.2 NAME	
STREET ADDRESS	1001 WASHINGTON ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	CONSHOHOCKEN PA 19428		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHOW, SHODY		6.2 NAME	
STREET ADDRESS	4-F SWIRE HOUSE, 9 CONNAUGHT RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	CENTRAL, HONG KONG		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Daniel Gorge 04/28/97 (610) 941-3240

05-20-97