

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 # F93000005465 (0)

1. Corporation Name

KEELER INSTRUMENTS, INC.



Principal Place of Business

456 PARKWAY
BROOMALL PA 19008
US

Mailing Address

456 PARKWAY
BROOMALL PA 19008
US

3. Date Incorporated or Qualified
12/01/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-1414920

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	KEELER, DAVID	
STREET ADDRESS	232 CHURCH RD.	
CITY-STATE-ZIP	ARDMORE PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DELANEY, DANIEL	
STREET ADDRESS	3 PARK LANE	
CITY-STATE-ZIP	GLEN MILLS PA 19342	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HECKLER, MARTIN	
STREET ADDRESS	CEDAR HILL RD #1	
CITY-STATE-ZIP	AMBLER PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEELER, C R	
STREET ADDRESS	1 BROOKFIELD PARK	
CITY-STATE-ZIP	LONDON, ENGLAND	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KEELER, DAVID	
1.3 STREET ADDRESS	312 SOUTH SMEDLEY ST	
1.4 CITY-STATE-ZIP	PHILADELPHIA, PA 19103	
2.1 TITLE	VP / FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELANEY, DANIEL	
2.3 STREET ADDRESS	3 PARK LANE	
2.4 CITY-STATE-ZIP	GLEN MILLS, PA 19342	
3.1 TITLE	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SOWELL, STEVEN	
3.3 STREET ADDRESS	409 PINEBLUFF DRIVE	
3.4 CITY-STATE-ZIP	LOVELAND, OH 45140	
4.1 TITLE	CHAIRMAN / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHEPELAK, TIMOTHY	
4.3 STREET ADDRESS	7728 ANDERSON OAKS DR	
4.4 CITY-STATE-ZIP	CINCINNATI, OH 45255	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 in an attachment with an address.

SIGNATURE:

Daniel J. Delaney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President & Controller
Date

4-30-96
Daytime Phone #

CR2E034 (12/95)