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Apr 14 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 # F94000000257 (5)

1. Corporation Name
THE M & T TECHNICAL SERVICES COMPANY

Principal Place of Business
1717 ARCH ST.
35TH FLOOR
PHILADELPHIA PA 19103

Mailing Address
1717 ARCH ST.
35TH FLOOR
PHILADELPHIA PA 19103-2713



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1994		3a. Date of Last Report 02/05/1996	
21 19550 REGENCY SQUARE BLVD Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-0829392		Applied For Not Applicable	
22 Suite 400		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Jacksonville		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32225		29 Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	PC	✓ DELETE		1.1 TITLE	PRESIDENT	✓ Change	<input type="checkbox"/> Addition
NAME	HOECHST, CHRISTIAN M			1.2 NAME	Donald W. Jett		
STREET ADDRESS	1717 ARCH ST. 35TH FLOOR			1.3 STREET ADDRESS	9550 REGENCY SQUARE BLVD		
CITY-ST-ZIP	PHILADELPHIA PA			1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRISON, WALTER R			2.2 NAME			
STREET ADDRESS	1717 ARCH ST. 35TH FLOOR			2.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			2.4 CITY-ST-ZIP			
TITLE	VPD	✓ DELETE		3.1 TITLE	T	✓ Change	<input type="checkbox"/> Addition
NAME	LANDIS, EDGAR D			3.2 NAME	EROL A. ONUR		
STREET ADDRESS	1717 ARCH ST. 35TH FLOOR			3.3 STREET ADDRESS	9550 REGENCY SQUARE BLVD		
CITY-ST-ZIP	PHILADELPHIA PA			3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEIDERS, JOSEPH R			4.2 NAME			
STREET ADDRESS	1717 ARCH ST. 35TH FLOOR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			4.4 CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARKLEY, THOMAS R			5.2 NAME			
STREET ADDRESS	1717 ARCH ST. 35TH FLOOR			5.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 R. Markley AT 11-97 (11/16/97-2000)

CR2E034 (9/96)