

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000501 (6)

1. Corporation Name

LFC NO. 47 CORP.



Principal Place of Business

3 RADNOR CORPORATE CENTER
100 MATSONFORD RD., SUITE 400
RADNOR PA 19087-4574 8760

Mailing Address

3 RADNOR CORPORATE CENTER
100 MATSONFORD RD., SUITE 400
RADNOR PA 19087-4574 8760

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

19087-8760

25

29

19087-8760

30

4. FEI Number

23-2512042

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 date of appointment

Signature, typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	XX DELETE
NAME	DAVIS, CHRISTOPHER J.	
STREET ADDRESS	3 RADNOR CORP. CENTER, 100 MATSONFORD RD.	
CITY- ST- ZIP	RADNOR PA	
TITLE	V	XX DELETE
NAME	LYCZAK, HENRY A	
STREET ADDRESS	100 MATSONFORD RD.	
CITY- ST- ZIP	RADNOR PA 19087-4574	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BROWN, HERBERT H	
STREET ADDRESS	100 MATSONFORD RD.	
CITY- ST- ZIP	RADNOR PA 19087-4574	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, CHARLES D.	
STREET ADDRESS	3 RADNOR CORP. CENTER, 100 MATSONFORD RD.	
CITY- ST- ZIP	RADNOR PA	
TITLE	VAS	XX DELETE
NAME	KING, MARGARET MARY	
STREET ADDRESS	3 RADNOR CORP. CENTER, 100 MATSONFORD RD.	
CITY- ST- ZIP	RADNOR PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Howley, Andrew M.	
13 STREET ADDRESS	3 Radnor Corporate Center, Suite 400	
14 CITY- ST- ZIP	Radnor, PA 19087-8760	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Nancy L. Jillson	
53 STREET ADDRESS	3 Radnor Corporate Center, Suite 400	
54 CITY- ST- ZIP	Radnor, PA 19087-8760	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew M. Howley

April 18, 1996 (610-964-2000)

Date

Daytime Phone

CR2E034 (12/95)