

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

FILED

Jan 27 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 # **F94000000560 (2)**

1. Corporation Name  
**NSI ACQUISITION, INC.**



Principal Place of Business  
**410 HORSHAM RD  
HORSHAM PA 19044  
US**

Mailing Address  
**410 HORSHAM RD  
HORSHAM PA 19044-2012  
US**

3. Date Incorporated or Qualified  
**02/04/1994**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
**23-2744011**

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

**C T 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

TITLE **PD** ☐ DELETE  
NAME **VOLUCK, PHILIP**  
STREET ADDRESS **410 HORSHAM RD**  
CITY-ST-ZIP **HORSHAM PA**

TITLE **VT** ☐ DELETE  
NAME **HAVESON, BRIAN**  
STREET ADDRESS **410 HORSHAM RD.**  
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE **V** ☐ DELETE  
NAME **MATTICK, THOMAS**  
STREET ADDRESS **410 HORSHAM RD**  
CITY-ST-ZIP **HORSHAM PA**

TITLE **S** ☐ DELETE  
NAME **MEADOWS, STANLEY**  
STREET ADDRESS **410 HORSHAM RD**  
CITY-ST-ZIP **HORSHAM PA**

TITLE **AS** ☐ DELETE  
NAME **BERGNER, DENISE**  
STREET ADDRESS **410 HORSHAM RD**  
CITY-ST-ZIP **HORSHAM PA**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CEO and President** ☒ Change ☐ Addition  
1.2 NAME **Michael E. Heisley**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

4.1 TITLE **Assistant Secretary** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE **Secretary/General Counsel** ☐ Change ☒ Addition  
6.2 NAME **Joel D. Rosen**  
6.3 STREET ADDRESS **410 HORSHAM ROAD**  
6.4 CITY-ST-ZIP **HORSHAM PA 19044**

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:

**Michael E. Heisley, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0007550

CR2E034 (9/96)