

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 # F94000000561 (0)

1. Corporation Name

NSI MANAGEMENT OF DELAWARE, INC.



Principal Place of Business

410 HORSHAM RD
SUITE 5600
HORSHAM PA 19044
US

Mailing Address

410 HORSHAM RD
SUITE 5600
HORSHAM PA 19044
US

2. Principal Place of Business

21 410 HORSHAM ROAD
Suite, Apt. #, etc.

22 City & State
23 HORSHAM PA

24 Zip 19044 25 Country US

2a. Mailing Address

26 410 HORSHAM ROAD
Suite, Apt. #, etc.

27 City & State
28 HORSHAM PA

29 Zip 19044 30 Country US

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

04/07/1995

4. FEI Number

36-3929695

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

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 of appointment

(If OFFICER, Registered Agent's signature required after record of change)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HEISLEY, MICHAEL E
STREET ADDRESS 410 HORSHAM ROAD
CITY-ST-ZIP HORSHAM PA

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

TITLE V
NAME MATTECK, THOMAS
STREET ADDRESS 410 HORSHAM ROAD
CITY-ST-ZIP HORSHAM PA

TITLE S
NAME MEADOWS, STANLEY
STREET ADDRESS 410 HORSHAM ROAD
CITY-ST-ZIP HORSHAM FL

TITLE AS
NAME BERGNER, DENISE
STREET ADDRESS 410 HORSHAM ROAD
CITY-ST-ZIP HORSHAM PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

Philip Voluck

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 ☐ 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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address.

SIGNATURE:

[Signature] VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/94
Date

215-442-5300
Daytime Phone #

CR2E034 (12/95)