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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 # F94000000561 (0)

1. Corporation Name  
NSI MANAGEMENT OF DELAWARE, INC.

Principal Place of Business  
410 HORSHAM RD  
SUITE 5800  
HORSHAM PA 19044  
US

Mailing Address  
410 HORSHAM RD  
SUITE 5800  
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  
21 410 HORSHAM Road  
Suite, Apt. #, etc.

2a. Mailing Address  
26 410 HORSHAM ROAD  
Suite, Apt. #, etc.

4. FEI Number  
36-3929695  
Applied For  
Not Applicable

22 City & State  
23 HORSHAM PA

27 City & State  
28 HORSHAM PA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 19044 25 Country US

29 Zip 19044 30 Country US

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 of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	VOLUCK, PHILIP	410 HORSHAM ROAD	HORSHAM PA	<input type="checkbox"/>
VT	HAVESON, BRIAN	410 HORSHAM RD.	HORSHAM PA 19044	<input type="checkbox"/>
V	MATTICK, THOMAS	410 HORSHAM ROAD	HORSHAM PA	<input type="checkbox"/>
S	MEADOWS, STANLEY	410 HORSHAM ROAD	HORSHAM FL	<input type="checkbox"/>
AS	BERGNER, DENISE	410 HORSHAM ROAD	HORSHAM PA	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President and CEO	Michael C. Heisley			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Assistant Secretary				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Secretary and General Counsel	Joel D. Rosen	410 HORSHAM ROAD	HORSHAM PA 19044	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 included 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:

*Philip Voluck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/16/97

Date

2154425300

Daytime Phone #

0007854

CR2E034 (9/96)