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FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **F94000000737 (6)**

1. Corporation Name
BARTHCO INTERNATIONAL, INC.

Principal Place of Business
~~721 CHESTNUT STREET~~
~~PHILADELPHIA PA 19106~~

Mailing Address
~~721 CHESTNUT STREET~~
~~PHILADELPHIA PA 19106~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/15/1994**

4. FEI Number: **23-1733430** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7575 Holstein Ave.	26 7575 Holstein Ave.
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State: Philadelphia PA	28 City & State: Philadelphia PA
24 Zip: 19153 / 25 Country	29 Zip: 19153 / 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

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	CPS	☐ DELETE
NAME	COLGAN, DENNIS JR.	
STREET ADDRESS	12 COVE ROAD	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	C	☐ DELETE
NAME	STEVENSON, WILLIAM	
STREET ADDRESS	108 MANSION DR.	
CITY-ST-ZIP	MEDIA PA 19063	
TITLE	VT	☐ DELETE
NAME	ERCOLANI, JOHN D	
STREET ADDRESS	2 DEVON ROAD	
CITY-ST-ZIP	CINNAMISON NJ 08077	
TITLE	V	☐ DELETE
NAME	QUEE, ROBERT CHIN	
STREET ADDRESS	1095 MIDLAND ST	
CITY-ST-ZIP	UNIONDALE NY 11553	
TITLE	CEOS	☐ DELETE
NAME	COLGAN, DENNIS JR.	
STREET ADDRESS	12 COVE ROAD	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
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		

CR2E034 (10/97)

14. I 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 5/2/98 (215)937-1(15