SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90027 026 ***550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000737

1. Corporation Name

BARTHCO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7575 HOLSTEIR AVE PHILADELPHIA PA 19153 US	7575 HOLSTEIR AVE PHILADELPHIA PA 19153 US

DO NOT WRITE IN THIS SPACE

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

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

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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLGAN, DENNIS JR.		1.2 NAME	
STREET ADDRESS	12 COVE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057		1.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, WILLIAM		2.2 NAME	
STREET ADDRESS	108 MANSION DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDIA PA 19063		2.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ERCOLANI, JOHN D		3.2 NAME	
STREET ADDRESS	2 DEVON ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	CINNAMISON NJ 08077		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	QUEE, ROBERT CHIN		4.2 NAME	
STREET ADDRESS	1095 MIDLAND ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONDALE NY 11553		4.4 CITY-ST-ZIP	
TITLE	CEOS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	COLGAN, DENNIS JR.		5.2 NAME	
STREET ADDRESS	12 COVE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ 08057		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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: B. McLaughlin PETER B. McLAUGHLIN-AVP 7/12/99 215-365-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #