FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001941 (3)**

1. Corporation Name
STERLING ADMINISTRATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
4 PENN CENTER PLAZA PHILADELPHIA PA 19103	4 PENN CENTER PLAZA PHILADELPHIA PA 19103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 23-2734307 ☐ 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

CT 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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DE LIBERATOR, ROBERT D	1.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	1.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19103	1.4 CITY ST ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	COSTELLO, DENNIS C	2.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	2.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19103	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHUHL, KURT	3.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	3.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19103	3.4 CITY ST ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	ROUTLEDGE, LEE H	4.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	4.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19103	4.4 CITY ST ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	SPECTOR, PAUL R	5.2 NAME	
STREET ADDRESS	4 PENN CENTER PLAZA	5.3 STREET ADDRESS	
CITY ST ZIP	PHILADELPHIA PA 19103	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(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: Paul R. Spector 4-19-95 (215) 864-1056
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
PAUL R. SPECTOR

0307156 FP