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FILED

Feb 07 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 # F94000001941 (3)

1. Corporation Name  
STERLING ADMINISTRATIVE SERVICES, INC.

Principal Place of Business  
4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103

Mailing Address  
4 PENN CENTER PLAZA  
PHILADELPHIA PA 19103-2807



3. Date Incorporated or Qualified  
04/14/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE  
NAME GERSON, STEWART J  
STREET ADDRESS 4 PENN CENTER PLAZA  
CITY-ST-ZIP PHILADELPHIA PA 19103

1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Stephen G. Stonehouse  
1.3 STREET ADDRESS 4 Penn Center Plaza  
1.4 CITY-ST-ZIP Philadelphia, PA 19103

TITLE PD ☒ DELETE  
NAME COSTELLO, DENNIS C  
STREET ADDRESS 4 PENN CENTER PLAZA  
CITY-ST-ZIP PHILADELPHIA PA 19103

2.1 TITLE D ☐ Change ☐ Addition  
2.2 NAME John Gribbin  
2.3 STREET ADDRESS 4 Penn Center Plaza  
2.4 CITY-ST-ZIP Philadelphia, PA 19103

TITLE VD ☒ DELETE  
NAME SCHUHL, KURT  
STREET ADDRESS 4 PENN CENTER PLAZA  
CITY-ST-ZIP PHILADELPHIA PA 19103

3.1 TITLE D/AVP/Associate General Counsel ☐ Change ☐ Addition  
3.2 NAME Robert J. Brookes  
3.3 STREET ADDRESS 4 Penn Center Plaza  
3.4 CITY-ST-ZIP Philadelphia, PA 19103

TITLE DAVP ☒ DELETE  
NAME ROUTLEDGE, RAUP  
STREET ADDRESS 4 PENN CENTER PLAZA  
CITY-ST-ZIP PHILADELPHIA PA 19103

4.1 TITLE COO(Chief Operating Officer) ☐ Change ☒ Addition  
4.2 NAME Mark Cafaro  
4.3 STREET ADDRESS 4 Penn Center Plaza  
4.4 CITY-ST-ZIP Philadelphia, PA 19103

TITLE S ☐ DELETE  
NAME SPECTOR, PAUL R  
STREET ADDRESS 4 PENN CENTER PLAZA  
CITY-ST-ZIP PHILADELPHIA PA 19103

5.1 TITLE T ☐ Change ☒ Addition  
5.2 NAME Leonard Nespoli  
5.3 STREET ADDRESS 4 Penn Center Plaza  
5.4 CITY-ST-ZIP Philadelphia, PA 19103

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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 Anne C. Conners  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97 (215)864-4863  
Date Daytime Phone

CR2E034 (9/96)