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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002377 (9)

Principa' Place of Business 467 CREAMERY WAY EXTON PA 19341			46	Mailing Address 467 CREAMERY WAY EXTON PA 19341-2508						
							 Date Incorporated or Qualifie 05/09/1994 		ate of Last F 5/01/1996	
2. Principal	Piace of Busi	ness	2a.	Mailing Address			4. FEI Number			oplied For
1]			26				23-2225786			ot Applicabl
Suite, Ap	ot #, etc.		<u> </u>	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional equired
City 8 St	tale		27	City & State		·	6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		May Be
3			28	·			Trust Fund Contribution			to Fees
Zip	Account of the control of the	Country		Zip	Counti	ry	8. This corporation has liability (. 199.032,
4		25 and Address of Curre	29	and Anni	30		Florida Statutes 10, Name and Address of New	Yes		
			ent negist	ered Agent	8	1 Name	10. Name and Address of New	ragistered /	Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD)		6:	2 Circoi As	ddress (P.O. Box Number is Not Accep	table)		
-	HOITATHAL		-		04	2 Sileer Ac	doress (P.O. Box Number is Not Accep	nablej		
					8	3				
					8	4 City			85 Zip	Code
					l			<u>FL</u>		
11. Pursua. office o	nt to the provisor registered a	sions of Sections 607.05 gent, or both, in the Sta	502 and 60 ite of Florid	7.1508, Florida Sta la. Such change w	atutes, the abovas authorized t	ve-named copy the corpo	orporation submits this statement for the ration's board of directors. I hereby ac	ie purpose of cept the app	i changing i ointment as	registere registered
GNATURI	F	d or printed harne of registered a	agent and tillu i	if applicable. ((NOTE: Registered A		orporation submits this statement for the ration's board of directors. I hereby ac quired when reinstaling: ADDITIONS/CHANGES TO OF	DATE		
GNATURI 1 2 .	F		agent and tillu i	if applicable. (geni signallure re		DATE		RS IN 12
SIGNATURI I 2. IIIE	Signature type TSDC SLOAN	d or printed name of registered a OFFICERS A	agent and tillu i	if applicable. ((NOTE: Registered A	gent signature re	quired when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURI 2. ILLE IAME ITHEEL ADORES	TSDC SLOAN 467 CF	OFFICERS A OFFICERS A E, A. RICHARD REAMERY WAY	agent and tillu i	if applicable. (NOTE Registered A 13. 1.1 TITLE 1.2 NAME	gent signature re	quired when reinstaling)	DATE	DIRECTOR	RS IN 12
SIGNATURI DLE IAME STHEEL ADDRES DTY-ST-ZIP	TSDC SLOAN 487 CF EXTON	OFFICERS A OFFICERS A E, A. RICHARD REAMERY WAY	agent and tillu i	of applicable. (STORS	(NOTE Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	gent signature re	quired when reinstaling)	DATE	DIRECTOR Change	RS IN 12
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