

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000002387 (8)**  
1. Corporation Name  
**PARAMAX SYSTEMS CORPORATION**



Principal Place of Business <b>TOWNSHIP LINE &amp; UNION MEETING ROADS BLUE BELL PA 19424</b>	Mailing Address <b>TOWNSHIP LINE &amp; UNION MEETING ROADS BLUE BELL PA 19424</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/09/1994	23-2759530	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
City & State	City & State	<input type="checkbox"/> \$5.00 May Be Added to Fees		
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
Zip	Zip	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, RONALD C	1.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING RDS.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	1.4 CITY-ST-ZIP	19424
TITLE	DVT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLL, PETER S	2.2 NAME	DVT STEFAN C. RIESENFELD
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING RDS.	2.3 STREET ADDRESS	TOWNSHIP LINE + UNION MEETING RDS.
CITY-ST-ZIP	BLUE BELL PA 19424	2.4 CITY-ST-ZIP	BLUE BELL PA 19424
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEENE, SUSAN T	3.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING RDS.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	3.4 CITY-ST-ZIP	19424
TITLE	CPD <input type="checkbox"/> DELETE	4.1 TITLE	AT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERBERG, JACK R	4.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA	4.4 CITY-ST-ZIP	19424
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GEORGE T. ROBSON
STREET ADDRESS		5.3 STREET ADDRESS	TOWNSHIP LINE + UNION MEETING RDS.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BLUE BELL PA 19424
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \_\_\_\_\_ RONALD C. ANDERSON

CR2E034 (10/97)