06221999-90004-023-$150.00-$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
Jun 22, 1999 8:00 am
Secretary of State
06-22-1999 90004 023 ***150.00
07-27-1999 90010 005 ***400.00

DOCUMENT # F94000004454 (4)

1. Corporation Name
TAFFORD MANUFACTURING, INC.

Principal Place of Business	Mailing Address
104 PARK DRIVE MONTGOMERYVILLE PA 18936	104 PARK DRIVE MONTGOMERYVILLE PA 18936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 23-2436046 ☐ 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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOENFELD, ROBERT 11613 PRIVADO WAY BOYNTON BEACH FL 33437	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	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SHOENFELD, ROBERT		1.2 NAME		
STREET ADDRESS	11613 PRIVADO WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHOENFELD, MARLENE L		2.2 NAME		
STREET ADDRESS	11613 PRIVADO WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FARLEY, DEBORAH M		3.2 NAME		
STREET ADDRESS	8231 FORREST AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ELKINS PARK PA 19027		3.4 CITY-ST-ZIP		
TITLE	COO	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHOENFELD, SUSAN		4.2 NAME		
STREET ADDRESS	1303 MEISSEN COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	AMBLER PA.		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E084 (10/97)

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: [signature] 6-11-99 (215)643-9866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0007949