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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F94000006151 (4)**

1. Corporation Name
SEAHORSE CARRIER SERVICES, INC.

Principal Place of Business	Mailing Address
721 CHESTNUT STREET PHILADELPHIA PA 19106	721 CHESTNUT STREET PHILADELPHIA PA 19106

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7575 Holstein Ave. 22 Suite, Apt. #, etc 23 City & State Philadelphia, PA 24 Zip 19153 25 Country	2a. Mailing Address 26 7575 Holstein Ave. 27 Suite, Apt. #, etc. 28 City & State Philadelphia, PA 29 Zip 19153 30 Country

3. Date Incorporated or Qualified
12/01/1994

4. FEI Number
23-2301813
☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLGAN, DENNIS JR.		1.2 NAME		
STREET ADDRESS	12 COVE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MOORETOWN NJ		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGLIN, BRIAN		2.2 NAME		
STREET ADDRESS	3444 HOLYOKE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19114		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COGAN, DENNIS J III		3.2 NAME		
STREET ADDRESS	101 SUSSEX DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINNAMINSON NJ		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COONEY, JAMES F III		4.2 NAME		
STREET ADDRESS	720 CASTLEWOOD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DRESHER 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		

CR2E034 (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 _____ 5/2/98 (215)922-1115