

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

REVOKED  
AND  
FILED

1997 JUL 30 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

①

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F95000000698 (9)**

1. Corporation Name

**PRSI, INC.**



Principal Place of Business  
**38 DANVERS CIRCLE  
NEWARK DE 19702**

Mailing Address  
**13 CONCORD CREEK RD.  
GLEN MILLS PA 19342**

DO NOT WRITE IN THIS SPACE

|                                |             |                         |             |   |  |   |  |
|--------------------------------|-------------|-------------------------|-------------|---|--|---|--|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified<br><b>02/10/1995</b>  |  | 3a. Date of Last Report<br><b>04/16/1996</b>                                    |  |
| 21                             |             | 26                      |             | 4. FEI Number<br><b>51-0350166</b>  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22. Suite, Apt. #, etc.        |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 23. City & State               |             | 28. City & State        |             | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |  |

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 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                      | <b>PSD</b>                 | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHIPOLA, BLAINE</b>     | 1.2 NAME  |  |
| STREET ADDRESS             | <b>5A BERKELY WAY</b>      | 1.3 STREET ADDRESS                                    | <b>38 DANVERS CIRCLE</b>   |
| CITY-ST-ZIP                | <b>NEW CASTLE DE 19720</b> | 1.4 CITY-ST-ZIP                                       | <b>NEWARK DE 19702</b>   |
| TITLE                      | <b>VTD</b>                 | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERGERON, WILLIAM</b>   | 2.2 NAME  |  |
| STREET ADDRESS             | <b>1848 HARFMAN DR.</b>    | 2.3 STREET ADDRESS                                    | <b>14203 HOGAN DRIVE</b>   |
| CITY-ST-ZIP                | <b>WOODLYN PA 19094</b>    | 2.4 CITY-ST-ZIP                                       | <b>ORLANDO FL 32837</b>  |
| TITLE                      |                            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                            | 3.2 NAME  | <b>400002258334--4</b>   |
| STREET ADDRESS             |                            | 3.3 STREET ADDRESS                                    | <b>-08/05/97--01083--014</b>   |
| CITY-ST-ZIP                |                            | 3.4 CITY-ST-ZIP                                       | <b>****173.75 ****173.75</b>   |
| TITLE                      |                            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                            | 4.2 NAME  |  |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                            | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                            | 5.2 NAME  |  |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                            | 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 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: **BLAINE C. CHIPOLA**

7-22-97

CR2E034 (4/97)

(2)

**PROFESSIONAL ROOF SERVICES, INC  
13 CONCORD CREEK ROAD  
GLEN MILLS, PA 19342  
(610) 358-9272 Phone  
(610) 358-3270 Fax**

July 22, 1997

Secretary of State - Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find a check in the amount of \$173.75 for PRSI, Inc.,  
(\$165.00 filing fee / \$8.75 Certificate of Status).

Please note I just received your Annual Report that was noted "2<sup>nd</sup> Notice".  
I contacted your office to explain that a first notice was never received by me or any  
member of our company. We take great pride in paying our bills and vendors in a very  
timely manner and ask that any late fee be waived due to something that was not under our  
control.

Sincerely,

  
David R. MacMillan