FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F95000000750 (8)

1. Corporation M.F. N	Name NORTH AMERICA, INC.	00000000		ertif 2 292	ied 2 480				
Principal Place of Business M		Mailing Address	Mailing Address			T LODINOU ILLIA BAKA BUKA BUKA BUKA BU	III ari ii bark i	/P/// 88/// [84	161 GALH OBH 1901
460 E. SWEDESFORD ROAD WAYNE PA 19087		460 E. SWEDESFORD ROAD WAYNE PA 19087							
						3. Date Incorporated or Qualified 02/15/1995	3a. Date	e of Last R	leport
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 51-0294499			Applied For	
	Suite, Apt. #, etc. Suite, Apt. #, etc								Not Applicable Additional
27						5. Certificate of Status Desired			Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			О мау Ве	
Zφ	Country	Zip	Cou	intry		This corporation has liability for			d to Fees
24	25	29	30			Florida Statutes Yes	s □ No		700.002,
	9. Name and Address of Curre	ent Registered Agent		81 Na		10. Name and Address of New I	Registered	Agent	
C T CO	RPORATION SYSTEM				•				
1200 SOUTH PINE ISLAND ROAD				82 Str	eet Addres	ss (P.O. Box Number is Not Acceptal	(ek		
PLANTATION FL 33324				83					
				84 Cit	····································			85 Zıç	p Code
11 Pursuant to	o the provisions of Sections 607.050	02 and 602 1600 Florida Chat d	- Al L-				FL	1 1 '	
	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	zielen 607,0505, Florida Statut otion 607,0505, Florida Statutes	zed by the c s.	corporatio	on's board	ion submits this statement for the purification of directors. I hereby accept the app	rpose of cha ointment as	anging its ri registered	egistered office : Lagent, Lam
SIGNATURE _	Styriature typed or printed name of registered age	rd and tile if applicacie (NC	DIE Repistered	Apend sons	ture required w	vhen reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO	PRS IN 12
110	C	DELETE	DELETE 117					Change	☐ Addition
NAME CAGELLABORGO	SHELDRICK, J.N. JMPLC, 2-4 COCKSPUR STREET, TRAFALGAR SQ.			1.2 NAME					
STREET ADDRESS CITY ST-ZIF	LONDON SW1Y 580 ENGL			1.3 STREET ADDRESS					
1016	P	DELETE	2 1 1	TY-ST-ZIP TLE			г	Change	Addition
NAME	THORBURN, I.G.		2.2 NA						
STREET ADDRESS	JMPLC, 2-4 COCKSPUR STREET, TRAFALGAR SQ.		2.3 ST	2.3 STREET ADDRESS					
C17Y - S1 - ZIP	LONDON SW1Y 580 ENGL		2.4 CI	TY-ST-ZIF					
TILLE	S NILLED D MOI	☐ DELETE	3 1 TI				[Change	☐ Addition
NAME SUBLET ADDRESS	MILLER, D. MCL. 460 SWEDESFORD ROAD			32 NAME 33 STREET ADDRESS					
CITY -ST-ZIP	WAYNE PA 19087				ESS				
TITLE	T	DELETE	4 1 11	TY - ST - 71P TLF			r	Change	Addition
NAME	LEOPOLD, J.S.	_	4.2 NA				L	_J Change	L Addition
STREET ADDRESS	460 SWEDESFORD ROAD			reet addre	ss				
CITY-ST-21F	WAYNE PA 19087		4.4 CH	[Y-ST-7 P					
TIFEF		☐ DELETE	5 1 Ti	TLE			[Change	☐ Addition
NAME			5 2 NA	ME	Ī				
STREET ADDRESS			5381	reet adore	SS				
CITY - ST- ZIP		C DELETE		Y - ST - ZIP					
NAMÉ		DELETE	6 1 11				C	Change	☐ Addition
STREET ADDRESS			6 2 NA	-	00				
OITY-ST-7-P				REET ADDRE IY-ST-ZIP	22				
	certify that the information supplied	with this filing is valuntarily furn			quality for	the everytion stated in Section 110	02/0///- 61-		

response of the control of the component of the component

SIGNATURE:

OR DIRECTOR

2/15/96 610-971-3000