

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001492 (6)

1. Corporation Name

BHCM INC.

Principal Place of Business

2005 MARKET ST  
ONE COMMERCE SQUARE  
PHILADELPHIA PA 19103-3212

Mailing Address

2005 MARKET ST  
ONE COMMERCE SQUARE  
PHILADELPHIA PA 19103-3212



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Philadelphia PA		26 Philadelphia PA		03/28/1995		N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Philadelphia PA		28 Philadelphia PA		23-2728489		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 Philadelphia PA		30 Philadelphia PA		6. Election Campaign Financing		5.00 May Be Added to Fees	
26 Philadelphia PA		27 Philadelphia PA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

CT 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	85 Zip Code
			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

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	D	1.1 TITLE	
NAME	SPANE, WILLIAM T JR	1.2 NAME	
STREET ADDRESS	234 LENAPE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BERWYN PA 19312	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	DONATO, LAWRENCE E	2.2 NAME	
STREET ADDRESS	930 SARAH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD PA 19064	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	MILLER, MORRIS L JR	3.2 NAME	
STREET ADDRESS	50 DICKSON LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA 19355	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	BANFIELD, MARK J	4.2 NAME	
STREET ADDRESS	419 N. SADDLEBROOK CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER SPRINGS PA 19425-2329	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	KAPLAN, ROBERT B	5.2 NAME	
STREET ADDRESS	331 LAUREL OAKS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANGHORNE PA 19407	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	BARE, RICHARD M	6.2 NAME	
STREET ADDRESS	10 LOWRY'S LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT PA 19010	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96

215 636-3000

Date

Daytime Phone #

CR2E034 (12/95)