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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500001492 (6)

BHCM INC. Principal Place of Business Mailing Address 2005 MARKET ST 2005 MARKET ST ONE COMMERCE SQUARE PHILADELPHIA PA 18103-3212 ONE COMMERCE SQUARE PHILADELPHIA PA 19103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1995 05/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 23-2728489 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 6. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND RD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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, 1 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 31TLE Change Addition SPANE, WILLIAM T JR NAME 1.2 NAME 234 LENAPE DR STREET ADDRESS 1.3 STREET ADDRESS **BERWYN PA 19312** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 2.1 TITLE **DONATO, LAWRENCE E** NAME **2.2 NAME** 930 SARAH DR STREET ADDRESS 2.3 STREET ADDRESS **SPRINGFIELD PA 19064** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition MILLER, MORRIS L JR NAME 3.2 NAME **50 DICKSON LANE** STREET ADDRESS 3.3 STREET ADDRESS MALVERN PA 19355 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETÉ 4.1 TITLE ☐ Addition **CHARLES NADAFF** NAME 4.2 NAME 2005 MARKET ST STREET ADDRESS 4.3 STREET ADDRESS **PHILADELPHIS PA** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition KAPLAN, ROBERT B NAME 5.2 NAME 331 LAUREL OAKS DR STREET ADDRESS 5.3 STREET ADDRESS LANGHORNE PA 19407 CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition BARE, RICHARD M NAME 6.2 NAME 222 HAVERFORD AVE. APT 1 STREET ADDRESS 6.3 STREET ADDRESS **NARBERTH PA** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information upplied with this filing closs 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 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 systemation or line regiver 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 or a state of the systematic florida Statutes.

SHI Mark's Miller 8/1/97 auce

CR2E034 (4/97)

FILED

Aug 11 1997 8:00am

Secretary of State