FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 MAR 20 AM 10: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000002857 (9)**

1. Corporation Name

~~BEL-SAVE~~ ~~Adobe~~ Collective Communication Services, Inc

(Filed Jan 29 1996)

Name Old

Principal Place of Business	Mailing Address
112 FAYETTE STREET CONSHOHOCKEN PA 19428 US	112 FAYETTE STREET CONSHOHOCKEN PA 19428-1818 US

3. Date Incorporated or Qualified: 06/13/1995
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: 23-2685836 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE
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	
TITLE	CV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COOK, JACKIE O JR.		1.2 NAME	
STREET ADDRESS	~~346 HIGH STREET (REAR)~~ 112 Fayette St		1.3 STREET ADDRESS	200002120582--6
CITY-ST-ZIP	~~POTTSTOWN PA 19464~~ Conshohocken PA 19428		1.4 CITY-ST-ZIP	-03/21/97--01074--006
TITLE	CP	☐ DELETE	2.1 TITLE	****165.00 ****165.00 ☐ Change ☐ Addition
NAME	EARHART, JEFFREY M		2.2 NAME	
STREET ADDRESS	~~346 HIGH STREET (REAR)~~ 112 Fayette St		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~POTTSTOWN PA 19464~~ Conshohocken PA 19428		2.4 CITY-ST-ZIP	
TITLE	DT	☒ DELETE T	3.1 TITLE	T ☐ Change ☒ Addition
NAME	BAIRD, LAWRENCE H		3.2 NAME	Bartolini Raymond
STREET ADDRESS	124 S. EASTON ROAD, 2ND FL.		3.3 STREET ADDRESS	112 Fayette Street
CITY-ST-ZIP	GLENSIDE PA 19038		3.4 CITY-ST-ZIP	Conshohocken PA 19428
TITLE	S	☒ DELETE	4.1 TITLE	S ☐ Change ☐ Addition
NAME	BROOKER, KATHLEEN M		4.2 NAME	Cook Jackie Oneal, Jr
STREET ADDRESS	124 S. EASTON ROAD, 2ND FL.		4.3 STREET ADDRESS	112 Fayette Street
CITY-ST-ZIP	GLENSIDE PA 19038		4.4 CITY-ST-ZIP	Conshohocken PA 19428
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	

3/13/2017

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 _____ 3-3-97 610 834 4186

CR2E034 (9/96)