| PLEASE READ | ALL INSTRUCTIONS E | BEFORE C | OMPLETING THI | S FORM. | 262 |
|--|---|--|---|---|----------------|
| | FLORIDA DEPARTMEN Sandra B. Morth Secretary of Sta Division of Corpora | T OF STATE ham ate | | | |
| DOCUMENT # F95000004437 1. Corporation Name | | | 97 JUN -4 PH 3: 08 SECRETARY OF STATE TALLAHASSEE FLORIDA | | |
| | | | | | |
| Principal Place of Business | Mailing Address | | | | G] |
| 401 Market Street 1339 Chestnut Street P.O. Box 7618 FC: 1-8-15-1 Phila. PA 19101-7618 Phila. PA 19107 attn: Ruth Brader If above addresses are incorrect in any way, line through incorrect information and enter correction | | | REINSTATEMENT | | |
| 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida 12/22/94 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | 5. FEI Number | ·· | Applied For |
| City & State | | | <u>23-2799031</u> 6. | | Not Applicable |
| Zip Country | Zıp Country | | CERTIFICATE OF STATUS D | | cate of Status |
| 7. Names and Street Addresses of Each Officer an Name of Officers 1 2 2 | Stree | el Address of Each er and/or Director e Post Office Box Nu | ····· | City / State / Zip | |
| | | | 06 | 0220286 70579701059 ***915.00 *** | 012 |
| 8. Name and Address of Curren CT Corporation System | | Name | 9. Name and Address of Ne | w Registered Agent | |
| 1200 South Pine Island Road Plantation, FL 33324 | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 10. I, being appointed the registered agent of the fall | | City | | FL Zip Code | 8 |
| | REGISTERED AGENT MUST SIGN | | | 6/3/97 | |
| 11. Does this corporation pay Dept. of Revenue under S | any intangible tax to the | , – |] No [] | (See other side for inform on intangible tax.) | nation |
| 12. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE: Joseph M. Loug SIGNATURE AND TYPED OR P | solution has been eliminated, the corpora names of individuals listed on this form o signature shall have the same legal effect | ate name satisfies th do not qualify for an t as if made under o | ne requirements of section 607 In exemption under section 119 | .0401 or 617.0401, F.S., th | nat all fees |

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#7 Attachment for QuestPoint G.P., Inc.

Officers:

Joseph M. Loughry, III - President and Chief Executive Officer 9413 Wing Foot Court Potomac, MD 20854 2052

John P. Britt - Vice President 1 Cedar Drive Turnersville, NJ 08012

Eugene P. Feinour - Vice President 410 Roundhill St. Davids, PA 19087

George A. McQuain - Vice President 10143 Red Spruce Road Fairfax, VA 22032

Ruth J. Brader - Secretary 407 Penwyn Road Wynewood, PA 19096

J. Stephen Griffey - Treasurer and Chief Financial Officer 35 Walnut Street Haddonfield, NJ 08033

Board of Directors:

Charles L. Coltman, III 1035 Cedar Knoll Newtown Square, PA 19073

Dorothy T. Motz 2019 Susquehanna Road Abington, PA 19001

Rosita T. Saez 10 Saratoga Way Glassboro, NJ 08028