

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000006265 (1)**

1. Corporation Name

CDI SERVICES CORPORATION



Principal Place of Business

**1717 ARCH ST., 35TH FLOOR
PHILADELPHIA PA 19103-2768**

Mailing Address

**1717 ARCH ST., 35TH FLOOR
PHILADELPHIA PA 19103-2768**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

12/26/1995

3a. Date of Last Report

4. FEI Number

23-2824692

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

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

Signature of person submitting this report to the Division of Corporations

Signature of person submitting this report to the Division of Corporations

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **GARRISON, WALTER R**
STREET ADDRESS **1717 ARCH ST., 35TH FLOOR**
CITY-STATE-ZIP **PHILADELPHIA PA 19103-2768**

TITLE **D** ☐ DELETE
NAME **LANDIS, EDGAR D**
STREET ADDRESS **1717 ARCH ST., 35TH FLOOR**
CITY-STATE-ZIP **PHILADELPHIA PA 19103-2768**

TITLE **P** ☐ DELETE
NAME **CASERTA, FRANK N**
STREET ADDRESS **8700 E. VIA DE VENTURA, STE. 250**
CITY-STATE-ZIP **SCOTTSDALE AZ 85258-4505**

TITLE **S** ☐ DELETE
NAME **BLALOCK, PAMELA E**
STREET ADDRESS **1717 ARCH ST., 35TH FLOOR**
CITY-STATE-ZIP **PHILADELPHIA PA 19103-2768**

TITLE **T** ☐ DELETE
NAME **MILLER, PAUL F**
STREET ADDRESS **1717 ARCH ST., 35TH FLOOR**
CITY-STATE-ZIP **PHILADELPHIA PA 19103-2768**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 199.07(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, or on an attachment with an address.

SIGNATURE: **Paul F. Miller** **Paul F. Miller/T** **520-96 615 569-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)