

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 19103-2713**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/26/1995</b>	3a. Date of Last Report <b>05/28/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>23-2824692</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARRISON, WALTER R</b>	1.2 NAME	
STREET ADDRESS	<b>1717 ARCH ST., 35TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103-2768</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDIS, EDGAR D</b>	2.2 NAME	
STREET ADDRESS	<b>1717 ARCH ST., 35TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103-2768</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASERTA, FRANK N</b>	3.2 NAME	
STREET ADDRESS	<b>8700 E. VIA DE VENTURA, STE. 250</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258-4505</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLALOCK, PAMELA E</b>	4.2 NAME	
STREET ADDRESS	<b>1717 ARCH ST., 35TH FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103-2768</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, PAUL F</b>	5.2 NAME	
STREET ADDRESS	<b>1717 ARCH ST., 35TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103-2768</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Paul F Miller* (Paul F Miller - T 4199 614519-1100)

CR2E034 (9/96)