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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90016 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006265

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1995

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ARLINGTON ANAGLE
STREET ADDRESS 1717 ARCH ST 35TH FL
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE D ☐ DELETE

NAME SEIDERS JOSEPH R
STREET ADDRESS 1717 ARCH ST 35TH FL
CITY-ST-ZIP PHILADELPHIA PA 19103

TITLE P ☐ DELETE

NAME CASERTA, FRANK N
STREET ADDRESS 8700 E. VIA DE VENTURA, STE. 250
CITY-ST-ZIP SCOTTSDALE AZ 85258-4505

TITLE S ☐ DELETE

NAME BLALOCK, PAMELA E
STREET ADDRESS 1717 ARCH ST., 35TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-2768

TITLE T ☐ DELETE

NAME MILLER, PAUL F
STREET ADDRESS 1717 ARCH ST., 35TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA 19103-2768

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Paul G. Miller REQUIRED Miller

Date

Daytime Phone #

CR2E034 (11/98)