


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

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Apr 09, 1999 8:00 am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000000958

1. Corporation Name
F.T. AGENCY, INC.

Principal Place of Business

Mailing Address

34 FOUNTAIN SQ
CINCINNATI OH 45202
US

ONE COMMERCE SQ
2005 MARKET ST
PHILADELPHIA PA 19103-3212
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

31-1422427

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

2. Principal Place of Business

21 34 Fountain Square

Suite, Apt. #, etc.

22

City & State

23 Cincinnati OH

Zip

24 45202

Country

25 USA

2a. Mailing Address

26 One Commerce Square

Suite, Apt. #, etc.

27 2005 Market St.

City & State

28 Philadelphia PA

Zip

29 19103

Country

30 USA

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 | DC | <input type="checkbox"/> DELETE |
| NAME | SPANE, WILLIAM T JR | |
| STREET ADDRESS | 1 COMMERCE SQ, 2005 MARKET ST | |
| CITY-ST-ZIP | PHILADELPHIA PA 19103-3212 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DONATO, LAWRENCE E | |
| STREET ADDRESS | 1 COMMERCE SQ, 2005 MARKET ST | |
| CITY-ST-ZIP | PHILADELPHIA PA 19103-3212 | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | MILLER, MORRIS L JR | |
| STREET ADDRESS | 1 COMMERCE SQ, 2005 MARKET ST | |
| CITY-ST-ZIP | PHILADELPHIA PA 19103-3212 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | STRENK, JOSEPH D | |
| STREET ADDRESS | 400 W MARKET ST | |
| CITY-ST-ZIP | LOUISVILLE KY 40232 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | KAPLAN, ROBERT B | |
| STREET ADDRESS | 1 COMMERCE SQ, 2005 MARKET ST | |
| CITY-ST-ZIP | PHILADELPHIA PA 19103-3212 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, ROBERT D | |
| STREET ADDRESS | 1 COMMERCE SQ, 2005 MARKET ST | |
| CITY-ST-ZIP | PHILADELPHIA PA 19103-3212 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Signature and typed or printed name of signing officer or director

Date

2/6/99 (215)636-3241

Daytime Phone #

CR2E034 (11/98)