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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002177 (1)

LRC INCORPORATED

CITY - ST - ZIP

SIGNATURE:

Principal Place of Business Mailing Address 300 BERWYN PARK 300 BERWYN PARK SUITE 115 SUITE 115 **BERWYN PA 19312** BERWYN PA 19312-1179 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 23-2663437 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🕱 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NOVAKISKI, DAVID NOVAK & CO. 82 Street Address (P.O. Box Number is Not Acceptable) 1701 WEST HILLSIDE BLVD - SUITE 201 83 **DEERFIELD BEACH FL 33442-3896** 84 City Zip Code 85 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 fam liar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Suprature, typicd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change COBP 1.1 TITLE TITLE EICHLER, ERIC NAMÉ 1.2 NAME CR2E034 300 BERWYN PARK, SUITE 104 1.3 STREET ADDRESS STREET ADDRESS **BERWYN PA 19312** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE **EVAS** TITLE ARMSTRONG, J P 2.2 NAME NAME 300 BERWYN PARK, SUITE 104 STREET ADDRESS 2.3 STREET ADDRESS BERWYN PA 19312 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition 3.1 TITLE THILE CFOT DILULLO, PETER P 3.2 NAME NAME 300 BERWYN PARK, SUITE 115 3.3 STREET ADDRESS STREET ADDRESS **BERWYN PA 19312** CITY-SI-7P 3.4. CITY - ST - ZIP DELETE Change Addition 41 TITLE TITLE MADERE, GLENN L 4.2 NAME NAME 300 BERWYN PARK, SUITE 115 4.3 STREET ADDRESS STREET ADDRESS **BERWYN PA 19312** CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE VCAS O'BRIEN, THOMAS J 52 NAME NAME 300 BERWYN PARK, SUITE 115 **53 STREET ADDRESS** STREET ADDRESS BERWYN PA 19312 54 CHY-ST-ZIP CITY-ST-7(P DELETE Change Addition 61 TITLE DILE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. Lide 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 armual 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 13.4 changed, or on an attachment with an address.

Glenn L. Madere, Vice President/Secretary