

SENT BY: BRYSON ASSOCIATES ; 7-30-97 ; 14:04 ;
 SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 8/17/97: \$660 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

215884

FILED

Sep 24 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000003669 (6)
 1. Corporation Name
 BRYSON ASSOCIATES INCORPORATED

Principal Place of Business Mailing Address
 100 W AVE. BEAVER HILL S PO BOX 645 JENKINTOWN PA 19046
 100 W AVE. BEAVER HILL S PO BOX 645 JENKINTOWN PA 19046



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/19/1996 3a. Date of Last Report
 4. FEI Number 23-2085224 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
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 22 P.O. Box 8264
 23 City & State 24 Chicago IL
 25 Zip 26 60680 27 Country 28 USA

9. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL 86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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, Print or typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking) DATE

12. OFFICERS AND DIRECTORS

TITLE	OP	DELETE
NAME	MCDONNELL, DANIEL P	
STREET ADDRESS	100 W AVE, BEAVER HILL S	
CITY - ST - ZIP	JENKINTOWN PA 19046	
TITLE	D	DELETE
NAME	O'HALLERAN, MICHAEL D	
STREET ADDRESS	100 W AVE, BEAVER HILL S	
CITY - ST - ZIP	JENKINTOWN PA 19046	
TITLE	D	DELETE
NAME	WICHMANN, DAVID A	
STREET ADDRESS	100 W AVE, BEAVER HILL S	
CITY - ST - ZIP	JENKINTOWN PA 19046	
TITLE	T	DELETE
NAME	HARDY, ARLENE H	
STREET ADDRESS	100 W AVE, BEAVER HILL S	
CITY - ST - ZIP	JENKINTOWN PA 19046	
TITLE	S	DELETE
NAME	JESCHKE, ARLENE	
STREET ADDRESS	100 W AVE, BEAVER HILL S	
CITY - ST - ZIP	JENKINTOWN PA 19046	
TITLE	S	DELETE
NAME	BARKER, JOAN T	
STREET ADDRESS	100 W AVE, BEAVER HILL S	
CITY - ST - ZIP	JENKINTOWN PA 19046	

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	300002303543	
4.3 STREET ADDRESS	-09/25/97--01069--005	
4.4 CITY - ST - ZIP	***550.00	
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	AST V.P. SUSAN FYDA	
6.3 STREET ADDRESS	123 N Wacker Dr.	
6.4 CITY - ST - ZIP	Chicago IL 60606	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.073(1), 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: Susan M Fyda 9.15.97 312.701.3178
 SIGNATURE FIELDS TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0118000

CF2834 (4/97)