

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006102 (5)**

1. Corporation Name

IBAH, INC.

Principal Place of Business

**4 VALLEY SQUARE
512 TOWNSHIP LINE ROAD
BLUE BELL PA 19422**

Mailing Address

**4 VALLEY SQUARE
512 TOWNSHIP LINE ROAD
BLUE BELL PA 19422**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/21/1996** 3a. Date of Last Report

4. FEI Number **52-1670189** 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 or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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 ☐ DELETE
NAME **P HENWOOD, GERALDINE A**
STREET ADDRESS **3 JORROCKS LANE**
CITY-ST-ZIP **MALVERN PA 19355**

TITLE ☐ DELETE
NAME **S HOLLINGSWORTH, JANE H**
STREET ADDRESS **1249 HAZELWOOD DR.**
CITY-ST-ZIP **FORT WASHINGTON PA 19034**

TITLE ☐ DELETE
NAME **D AFTING, ERNST-GUNTER PROF**
STREET ADDRESS **MEISENWEG 21, D-82152, KRAILLING**
CITY-ST-ZIP **GERMANY**

TITLE ☐ DELETE
NAME **D BAUER, VICTOR J PHD**
STREET ADDRESS **947 SUNSET RIDGE**
CITY-ST-ZIP **BRIDGEWATER NJ 08807**

TITLE ☐ DELETE
NAME **D CHURCHILL, WINSTON JD**
STREET ADDRESS **20 VALLEY STREAM PARKWAY**
CITY-ST-ZIP **MALVERN PA 19355**

TITLE ☐ DELETE
NAME **D GREENACRE, MARTYN**
STREET ADDRESS **371 PHOENIXVILLE PIKE**
CITY-ST-ZIP **MALVERN PA 19355**

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 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:

[Signature]

09/17/97 215 283-0770

CR2E034 (4/97)