


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90063 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006102					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1717 Dixie Hwy		11/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite 800		52-1670189	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Ft. Wright, KY		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29 41011		30 U.S.	
9. Name and Address of Current Registered Agent			10. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P <input type="checkbox"/> DELETE				
NAME	HENWOOD, GERALDINE A				
STREET ADDRESS	3 JORROCKS LANE				
CITY-ST-ZIP	MALVERN PA 19355				
TITLE	S <input checked="" type="checkbox"/> DELETE				
NAME	HOLLINGSWORTH, JANE H				
STREET ADDRESS	1249 HAZELWOOD DR.				
CITY-ST-ZIP	FORT WASHINGTON PA 19034				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	AFTING, ERNST-GUNTER PROF				
STREET ADDRESS	MEISENWEG 21, D-82152, KRAILLING				
CITY-ST-ZIP	GERMANY				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	BAUER, VICTOR J PHD				
STREET ADDRESS	947 SUNSET RIDGE				
CITY-ST-ZIP	BRIDGEWATER NJ 08807				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	CHURCHILL, WINSTON JD				
STREET ADDRESS	20 VALLEY STREAM PARKWAY				
CITY-ST-ZIP	MALVERN PA 19355				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	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 <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 checked="" type="checkbox"/> Addition					
2.2 NAME John F. Imperato					
2.3 STREET ADDRESS 1717 Dixie Hwy, Suite 800					
2.4 CITY-ST-ZIP Ft. Wright, KY 41011					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME Kathy E. Herman					
3.3 STREET ADDRESS 1717 Dixie Hwy, Suite 800					
3.4 CITY-ST-ZIP Ft. Wright, KY 41011					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME Tracy Ann					
4.3 STREET ADDRESS 1000 Hatch					
4.4 CITY-ST-ZIP Cincinnati, OH 45202					
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
5.2 NAME Catherine I. Greany					
5.3 STREET ADDRESS 2303 Golden Avenue, Apt 504					
5.4 CITY-ST-ZIP Cincinnati, OH 45226					
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
6.2 NAME Bradly S. Abbott					
6.3 STREET ADDRESS 635 Meadow Wood Drive					
6.4 CITY-ST-ZIP Crescent Springs, KY 41017					

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.

13 APRIL 99 (215) 591-4202