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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000920

1. Corporation Name
BRANDYWINE ACQUISITION & DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
PO BOX 999 CHADDS FORD PA 19317	PO BOX 999 CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/20/1997

2. Principal Place of Business 21 2 Pond's Edge Drive	2a. Mailing Address 26	4. FEI Number: 23-2472594 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
City & State 23 Chadds Ford, PA	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 19317 25 USA	Zip / Country 29 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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: Joseph W. Gaynor, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2637 McCormick Drive
83: Suite B
84 City: Clearwater FL 85 Zip Code: 33759

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] President — 4/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, BRUCE E		1.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIOVINCO, PHILLIP C		2.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAYNOR, JOSEPH W		3.2 NAME	
STREET ADDRESS	2637 MCCORMICK DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHERRY, KEITH		4.2 NAME	
STREET ADDRESS	397 WEKIVA SPRINGS ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP	
TITLE	CFOV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, DENISE M		5.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 13917		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, ELAINE		6.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 13917		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] Bruce E. Moore APR 14 1999 (610) 388-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)