


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

FILED

Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001654 (9)

1. Corporation Name
TARGETED SPECIALTY SERVICES, INC.

Principal Place of Business 613 BALTIMORE DR WILKES-BLARRE PA 18702-7944	Mailing Address 613 BALTIMORE DR WILKES-BLARRE PA 18702-7944
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 35-1990029	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVENINO, FRANK H	1.2 NAME	James L. Miller
STREET ADDRESS	613 BALTIMORE DR	1.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY - ST - ZIP	WILKES-BLARRE PA 18702-7944	1.4 CITY - ST - ZIP	Columbia, MD 21046
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMULLEN, THOMAS G	2.2 NAME	David M. Abramson
STREET ADDRESS	613 BALTIMORE DR	2.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY - ST - ZIP	WILKES-BLARRE PA 18702-7944	2.4 CITY - ST - ZIP	Columbia, MD 21046
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCANALLY, DAVID F	3.2 NAME	Robert W. Gillison
STREET ADDRESS	613 BALTIMORE DR	3.3 STREET ADDRESS	9830 Patuxent Woods Drive
CITY - ST - ZIP	WILKES-BLARRE PA 18702-7944	3.4 CITY - ST - ZIP	Columbia, MD 21046
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN STEKELBURG, MARK	4.2 NAME	Christopher Mellon
STREET ADDRESS	613 BALTIMORE DR	4.3 STREET ADDRESS	613 Baltimore Drive
CITY - ST - ZIP	WILKES-BLARRE PA 18702-7944	4.4 CITY - ST - ZIP	Wilkes-Barre, PA 18702
TITLE	VDP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKLEY, TIM	5.2 NAME	Ann B. Cianflione
STREET ADDRESS	1050 WARRENVILLE RD	5.3 STREET ADDRESS	613 Baltimore Drive
CITY - ST - ZIP	LISLE IL 60532	5.4 CITY - ST - ZIP	Wilkes-Barre, PA 18702
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, ROBERT	6.2 NAME	Joan Morena
STREET ADDRESS	140 MORGAN DR	6.3 STREET ADDRESS	613 Baltimore Drive
CITY - ST - ZIP	NORWOOD MA 02062	6.4 CITY - ST - ZIP	Wilkes-Barre, PA 18702

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

DATE REQUIRED

1-29-98

717-831-7500

CR2E034 (10/97)