

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

04-05-1999 90030 040 \*\*\*150.00

DOCUMENT # **F98000000489**

1. Corporation Name  
**CONSTAR, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ONE CROWN WAY PHILADELPHIA PA 19154	ONE CROWN WAY PHILADELPHIA PA 19154

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	
01/27/1998	
4. FEI Number	Applied For
58-0680950	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MECHURA, FRANK	1.2 NAME
STREET ADDRESS ONE CROWN WAY	1.3 STREET ADDRESS
CITY-ST-ZIP PHILADELPHIA PA	1.4 CITY-ST-ZIP
TITLE T <input checked="" type="checkbox"/> DELETE	2.1 TITLE TV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CALLE, CRAIG R	2.2 NAME BURNS, MICHAEL B
STREET ADDRESS ONE CROWN WAY	2.3 STREET ADDRESS ONE CROWN WAY
CITY-ST-ZIP PHILADELPHIA PA	2.4 CITY-ST-ZIP PHILADELPHIA PA 19154
TITLE VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KRZYZANOWSKI, RICHARD L	3.2 NAME GALLAGHER, WILLIAM T
STREET ADDRESS ONE CROWN WAY	3.3 STREET ADDRESS ONE CROWN WAY
CITY-ST-ZIP PHILADELPHIA PA	3.4 CITY-ST-ZIP PHILADELPHIA PA 19154
TITLE V <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOFFMAN, MICHAEL	4.2 NAME
STREET ADDRESS ONE CROWN WAY	4.3 STREET ADDRESS
CITY-ST-ZIP PHILADELPHIA PA	4.4 CITY-ST-ZIP
TITLE VD <input type="checkbox"/> DELETE	5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUTHERFORD, ALAN W	5.2 NAME RUTHERFORD, ALAN W
STREET ADDRESS ONE CROWN WAY	5.3 STREET ADDRESS ONE CROWN WAY
CITY-ST-ZIP PHILADELPHIA PA	5.4 CITY-ST-ZIP PHILADELPHIA PA 19154
TITLE V <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOLTON, JAMES C	6.2 NAME
STREET ADDRESS ONE CROWN WAY	6.3 STREET ADDRESS
CITY-ST-ZIP PHILADELPHIA PA	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]* Secretary 3/30/99 (215) 698-5100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)