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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800006671

1. Corporation Name

TECH SERVICES MANAGEMENT, INC.

Principal Place of Business  1 BELMONT AVENUE SUITE 401  BALA CYNWYD PA 19004  BALA CYNWYD PA 19004  DO NOT WRITE IN T  3. Date Incorporated or Qualifed	2014 61110 61111 101	
BALA CYNWYD PA 19004 BALA CYNWYD PA 19004 DO NOT WRITE IN T		
DO NOT WRITE IN T		
	HIS SPACE	
12/08/1998		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Apr	olied For
21 26 23 . 29 + 310 3	Not	Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired	\$8.75 A	
27 S. Certificate of Status Desired	Fee Red	quired
City & State City & State 6. Election Campaign Financing	\$5.00	May Be
23 Trust Fund Contribution	Added to	Fees
Zip Country Zip Country 8. This corporation owes the current year		_/
24         25         29         30         Personal Property Tax.		☑No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registe	red Agent	
C T CORPORATION SYSTEM		
1200 SOUTH PINE ISLAND ROAD  82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324		
FEMNIATION FE 33324		
84 City	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos	e 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE	ppointment as reg	gistered
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature (equired when reinstating)		DC IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	Change	
		Addition
NAME FAUGHANAN, THOMAS 1.2 NAME		
NAME FAUGHANAN, THOMAS 1.2 NAME STREET ADDRESS 3000 CENTRE SQUARE WEST 13 STREET ADDRESS		
NAME FAUGHANAN, THOMAS 1.2 NAME STREET ADDRESS 3000 CENTRE SQUARE WEST 1.3 STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19102 1.4 CITY-ST-ZIP	☐ Channe	Addition
NAME FAUGHANAN, THOMAS 1.2 NAME STREET ADDRESS 3000 CENTRE SQUARE WEST 1.3 STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19102 1.4 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE	☐ Change	
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NAME FAUGHANAN, THOMAS  STREET ADDRESS 3000 CENTRE SQUARE WEST  CITY-ST-ZIP PHILADELPHIA PA 19102  TITLE SD  NAME DEJURE, LINDA  STREET ADDRESS 3000 CENTRE SQUARE WEST  CITY-ST-ZIP  TITLE  NAME GOULD, PETER G  STREET ADDRESS 3000 CENTRE SQUARE WEST  NAME GOULD, PETER G  STREET ADDRESS 3000 CENTRE SQUARE WEST  NAME GOULD, PETER G  STREET ADDRESS 3000 CENTRE SQUARE WEST  TITLE  NAME SCHAEFER, JOHN E  STREET ADDRESS 3000 CENTRE SQUARE WEST  DELETE  4.1 TITLE  ANAME  SCHAEFER, JOHN E  STREET ADDRESS 3000 CENTRE SQUARE WEST  AS STREET ADDRESS 4.3 STREET ADDRESS	☐ Change	Addition Addition
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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.

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Daytime Phone #

☐ Change

Addition