

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J29642 (2)

1. Corporation Name

MAIN INC.

Principal Place of Business

1101 MARKET ST.
8751 W. BROWARD BLVD.
PHILADELPHIA PA 19107
US

Mailing Address

P.O. BOX 13477
8751 W. BROWARD BLVD.
PHILADELPHIA PA 19101
US



3. Date Incorporated or Qualified

08/20/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

13-3372419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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, if applicable

Signature of Registered Agent required when re-registering

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD
GILLESPIE, CHARLES
1101 MARKET ST.
PHILADELPHIA PA

☐ DELETE

V
O'HARA, MICHAEL J.
1101 MARKET ST.
PHILADELPHIA PA

☐ DELETE

S
BODNAR, PRISCILLA
1101 MARKET ST.
PHILADELPHIA PA

☐ DELETE

DT
MAHONEY, MELVIN
1101 MARKET ST.
PHILADELPHIA PA

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS 1.4 CITY - ST - ZIP

2.1 TITLE 2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS 2.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

4.1 TITLE 4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

7.1 TITLE 7.2 NAME ☐ Change ☐ Addition

7.3 STREET ADDRESS 7.4 CITY - ST - ZIP

8.1 TITLE 8.2 NAME ☐ Change ☐ Addition

8.3 STREET ADDRESS 8.4 CITY - ST - ZIP

9.1 TITLE 9.2 NAME ☐ Change ☐ Addition

9.3 STREET ADDRESS 9.4 CITY - ST - ZIP

10.1 TITLE 10.2 NAME ☐ Change ☐ Addition

10.3 STREET ADDRESS 10.4 CITY - ST - ZIP

11.1 TITLE 11.2 NAME ☐ Change ☐ Addition

11.3 STREET ADDRESS 11.4 CITY - ST - ZIP

12.1 TITLE 12.2 NAME ☐ Change ☐ Addition

12.3 STREET ADDRESS 12.4 CITY - ST - ZIP

13.1 TITLE 13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS 13.4 CITY - ST - ZIP

14.1 TITLE 14.2 NAME ☐ Change ☐ Addition

14.3 STREET ADDRESS 14.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. O'HARA, VICE PRESIDENT

4/25/96

Date

215 238 3122

Daytime Phone #

CR2E034 (12/95)