FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K-88441

1. Corporation Name

FICOR FL, INC.

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: May 16, 1989

3a. Date of Last Report: 3/23/94

2. Principal Place of Business	2a. Mailing Address
21 123 South Broad Street	26 123 South Broad Street
Suite, Apt #, etc.	Suite, Apt #, etc. PMBO10
22 Att: Patricia Hannan	27 Att: Patricia Hannan/
City & State	City & State
23 Philadelphia, PA 19109	28 Philadelphia, PA 19109
Zip / County	Zip / County
24 / 25	29 / 30

4. FEI Number: 23-2569740 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $0.00 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	Chief Tax Officer ☐ Change ☐ Addition
NAME	Leonard Amsterdam	12 NAME	Paul J. Blass
STREET ADDRESS	123 South Broad Street -PMBO20	13 STREET ADDRESS	123 South Broad Street - PMBO11
CITY ST ZIP	Philadelphia, PA 19109	14 CITY ST ZIP	Philadelphia, PA 19109
TITLE	V/D	21 TITLE	Asst. Secretary ☐ Change ☐ Addition
NAME	James D. Brett	22 NAME	Patricia A. Hannan
STREET ADDRESS	123 South Broad Street -PMBO20	23 STREET ADDRESS	123 South Broad Street - PMBO10
CITY ST ZIP	Philadelphia, PA 19109	24 CITY ST ZIP	Philadelphia, PA 19109
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	H. A. Jerry	32 NAME	
STREET ADDRESS	550 Broad Street-B55015	33 STREET ADDRESS	
CITY ST ZIP	Newark, NJ 07102	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	Conrad J. Isoldi	42 NAME	
STREET ADDRESS	570 Broad Street- A57007	43 STREET ADDRESS	900001478019
CITY ST ZIP	Newark, NJ 07102	44 CITY ST ZIP	-05/08/95--01009--024
TITLE	S	51 TITLE	****200.00 ☐ ****200.00 Addition
NAME	Patricia A. Bicket	52 NAME	
STREET ADDRESS	550 Broad Street - B55015	53 STREET ADDRESS	
CITY ST ZIP	Newark, NJ 07102	54 CITY ST ZIP	
TITLE	V/AS	61 TITLE	☐ Change ☐ Addition
NAME	Karen Jamieson	62 NAME	
STREET ADDRESS	123 South Broad Street-PMBO20	63 STREET ADDRESS	
CITY ST ZIP	Philadelphia, PA 19109	64 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)(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 asterisk.

SIGNATURE: Patricia A. Hannan 4/28/95 215-985-7804

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR

Patricia A. Hannan, Asst. Secretary