

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

DOCUMENT # L29358 (3)
1. Corporation Name
BURREN, INC.



Principal Place of Business Mailing Address
**455 PENNSYLVANIA AVE.
SUITE 135
FT. WASHINGTON PA 19034
US**

3. Date Incorporated or Qualified **11/09/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **52-1681431** 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 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 Country 30 Country

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 first filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D ROGERS, ROBERT G. - President**
STREET ADDRESS **455 PENNA AVE**
CITY-ST-ZIP **FORT WASHINGTON PA**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Director-Jeffrey A. Linn**
1.3 STREET ADDRESS **455 Pennsylvania Ave #135**
1.4 CITY-ST-ZIP **Ft. Washington Pa 19034**

TITLE ☐ DELETE
NAME **D MASSIMINI, DANTE J. - Vice President**
STREET ADDRESS **455 PENNA AVE**
CITY-ST-ZIP **FORT WASHINGTON PA**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director-Jonathan B. Weller**
2.3 STREET ADDRESS **455 Pennsylvania Ave #135**
2.4 CITY-ST-ZIP **Ft. Washington Pa 19034**

TITLE ☒ DELETE
NAME **D COHEN, SYLVAN M.**
STREET ADDRESS **12 S 12TH ST 22ND FL**
CITY-ST-ZIP **PHILADELPHIA PA**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Sylvan M. Cohen, Esquire**
3.3 STREET ADDRESS **Drinker Biddle & Reath**
3.4 CITY-ST-ZIP **Suite 1100**
1345 Chestnut Street
Philadelphia, PA 19107-3496
Delete

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 *Dante J. Massimini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96 215-542-4182
Date Daytime Phone #

CR2E034 (12/95)