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

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98 SEP 14 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # L40431

1. Corporation Name: MON-WAL, INC.

Principal Place of Business	Mailing Address
5050 W. Lemon St. Tampa, FL 33609	70 Valley Stream Parkway Malvern, PA 19355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

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

4. FEI Number: 59-2988972 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Rd. 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: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — DATE: 9/11/98
(Signature, Typed or Printed Name of Reg. Incorporator, Director or Officer, if Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Thomas E. Wallace	12 NAME	700002639487--7
STREET ADDRESS	5050 W. Lemon St.	13 STREET ADDRESS	-09/15/98--01035--005
CITY-ST-ZIP	Tampa, FL 33609	14 CITY-ST-ZIP	****550.00 ****550.00
TITLE	Vice President ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	P. Kevin Adamek	22 NAME	
STREET ADDRESS	5050 W. Lemon St.	23 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33609	24 CITY-ST-ZIP	
TITLE	Chief Financial Officer ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Daniel J. Gallagher	32 NAME	
STREET ADDRESS	604 Alpha Dr.	33 STREET ADDRESS	
CITY-ST-ZIP	Pittsburgh PA 15238	34 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Michael H. Dudek	42 NAME	
STREET ADDRESS	70 Valley Stream Parkway	43 STREET ADDRESS	
CITY-ST-ZIP	Malvern, PA 19355	44 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Karin M. Kinney	52 NAME	
STREET ADDRESS	70 Valley Stream Parkway	53 STREET ADDRESS	
CITY-ST-ZIP	Malvern, PA 19355	54 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	J.F. Quinn	62 NAME	
STREET ADDRESS	70 Valley Stream Parkway	63 STREET ADDRESS	
CITY-ST-ZIP	Malvern, PA 19355	64 CITY-ST-ZIP	

9-14-98

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.

SIGNATURE: Karin M. Kinney — 8/25/98 — 610/296-8000

CR2E034 (10/97)