

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

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90023 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L85207

1. Corporation Name  
REUNION STUART, INC.

Principal Place of Business

C/O DAVID M. KUCHINOS  
1200 FOUR PENN CTR.  
PHILADELPHIA PA 19103  
US

Mailing Address

REUNION STUART, INC.  
1200 FOUR PENN CTR  
PHILADELPHIA PA 19103  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1990

4. FEI Number

23-2612494

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 C/O David M. Kuchinos

Suite, Apt. #, etc.

27 One Logan Square

City & State

28 Phila. PA

Zip

29 19103

Country

30 USA

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOKES, PHILIP MURRAY	1.2 NAME	PARRACK, LINDA R.
STREET ADDRESS	ROSE COTTAGE	1.3 STREET ADDRESS	HELVETIA COURT, SOUTH ESPLANADE,
CITY-ST-ZIP	SARK, CHANNEL ISLAND	1.4 CITY-ST-ZIP	ST PETER PORT, GUERNSEY, UK
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATROBE-BATEMAN, CHARLES	2.2 NAME	APPLETON, LOUISE A.
STREET ADDRESS	QUARRY COTTAGE	2.3 STREET ADDRESS	HELVETIA COURT, SOUTH ESPLANADE,
CITY-ST-ZIP	SARK, CHANNEL ISLAND	2.4 CITY-ST-ZIP	ST PETER PORT, GUERNSEY, UK
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAINE, STEPHEN ANDREW	3.2 NAME	
STREET ADDRESS	HOUGUE PERE HOUSE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALE, GUERNSEY	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RICHARD W	4.2 NAME	
STREET ADDRESS	HAMPSLEY COTTAGE, RUE COHU	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASTEL GU	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/1/99

CR2E034 (11/98)