

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 MAR -2 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M70531** (2)
1. Corporation Name
LIMITED VENTURE CAPITAL, INC.

Principal Place of Business Mailing Address
%RTC **RESOLUTION TRUST CORP.**
P.O. BOX 1500 **1000 ADAMS AVE.**
VALLEY FORGE PA 19482-1500 **NORRISTOWN PA 19403**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/26/1988** 3a. Date of Last Report **08/08/1994**

4. FEI Number **59-2905213** 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
24 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
C T CORPORATION
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KITTO, JAMES
STREET ADDRESS	1000 ADAMS AVENUE
CITY - ST - ZIP	NORRISTOWN PA
TITLE	VD
NAME	ANDERSON, BRUCE B
STREET ADDRESS	1000 ADAMS AVENUE
CITY - ST - ZIP	NORRISTOWN PA
TITLE	VD
NAME	WARD, DANIEL A
STREET ADDRESS	1000 ADAMS AVENUE
CITY - ST - ZIP	NORRISTOWN PA
TITLE	S
NAME	HOUSTON, MARGARET M
STREET ADDRESS	1000 ADAMS AVENUE
CITY - ST - ZIP	NORRISTOWN PA
TITLE	T
NAME	ABDILL, RICHARD J
STREET ADDRESS	1000 ADAMS AVENUE
CITY - ST - ZIP	NORRISTOWN PA
TITLE	A/S
NAME	FREENOCK, NANCY K
STREET ADDRESS	1000 ADAMS AVENUE
CITY - ST - ZIP	NORRISTOWN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: *Daniel A. Ward* **DANIEL A. WARD** 2-3-95 610-361-4890
Signature and typed on printed name of signing officer or director Title Date