

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 # P01275

(7)

1. Corporation Name

RAMAC SERVICES CORPORATION



Principal Place of Business

Mailing Address

TOWNSHIP LINE & UNION MEETING RDS  
P.O. BOX 500  
BLUE BELL PA 19424-0004  
US

TOWNSHIP LINE & UNION MEETING RDS  
TAX DEPARTMENT, C2-NW 2  
BLUE BELL PA 19424-0004  
US

3. Date Incorporated or Qualified  
03/20/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4000 S. Memorial Parkway

26 4000 S. Memorial Parkway

4. FEI Number

23-2477497

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Huntsville AL

City & State

28 Huntsville AL

24 Zip 35802-4304

25 Country USA

29 Zip 35802-4304

30 Country USA

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME HOWARD, JAMES E  
STREET ADDRESS TOWNSHIP LINE & UNION MEETING RDS  
CITY-STATE-ZIP BLUE BELL PA

TITLE PCD ☒ DELETE

NAME ZETLEMOYER, ALBERT F  
STREET ADDRESS TOWNSHIP LINE & UNION MEETING RDS  
CITY-STATE-ZIP BLUE BELL PA

TITLE AT ☒ DELETE

NAME SILVERBERG, JACK R.  
STREET ADDRESS TOWNSHIP LINE & UNION MEETING RDS.  
CITY-STATE-ZIP BLUE BELL PA

TITLE VS ☒ DELETE

NAME ANDERSON, RONALD C  
STREET ADDRESS TOWNSHIP LINE & UNION MEETING RDS  
CITY-STATE-ZIP BLUE BELL PA

TITLE VTD ☒ DELETE

NAME RIESENFELD, STEFAN C.  
STREET ADDRESS TOWNSHIP LINE & UNION MEETING RDS  
CITY-STATE-ZIP BLUE BELL PA

TITLE AS ☒ DELETE

NAME KEENE, SUSAN T  
STREET ADDRESS TOWNSHIP LINE & UNION MEETING RDS  
CITY-STATE-ZIP BLUE BELL PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President & General ☐ Change ☒ Addition

1.2 NAME Counsel

1.3 STREET ADDRESS William J. LaSalle

1.4 CITY-STATE-ZIP 600 Third Av. New York, NY 10016-2065 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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:

William J. LaSalle William J. LaSalle

4/23/96

(212) 697-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Even Phone

CR2E034 (12/95)