

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P06917** (9)
1. Corporation Name

ASSOCIATION CONSULTANTS, INC.



Principal Place of Business: **600 WEST FULTON STREET CHICAGO IL 60661-1110**
Mailing Address: **20 MOORES RD. FRAZER PA 19355 US**

3. Date Incorporated or Qualified: **07/30/1985**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **36-3340427**
Applied For: Not Applicable

Suite, Apt #, etc: 22

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: 24 Country: 25

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**DIBARTOLOMEO, JOSEPH
8400 BIRD ROAD
MIAMI FL 33155**

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: _____ (Print or type name of registered agent and the applicable date)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	SMITH, RICHARD H.	
STREET ADDRESS	20 MOORES RD.	
CITY - ST - ZIP	FRAZER PA	
TITLE	VSD	<input checked="" type="checkbox"/>
NAME	APLINGTON, DAVID R	
STREET ADDRESS	20 MOORES RD.	
CITY - ST - ZIP	FRAZER PA	
TITLE	VD	<input type="checkbox"/>
NAME	RENNIGER, MARTIN	
STREET ADDRESS	20 MOORES RD.	
CITY - ST - ZIP	FRAZER PA	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	TILLEY, ANITA R	
STREET ADDRESS	20 MOORES RD.	
CITY - ST - ZIP	FRAZER PA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	P/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	Jay H. Berman		
13 STREET ADDRESS	20 Moores Road, Frazer, PA 19355		
14 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
31 TITLE	V/S/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	T/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42 NAME	Dennis E. Brady		
43 STREET ADDRESS	20 Moores Road, Frazer, PA 19355		
44 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jay H. Berman* Jay H. Berman 7/8/96 610-648-5624
PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)