

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06917 (9)

1. Corporation Name

ASSOCIATION CONSULTANTS, INC.



Principal Place of Business

Mailing Address

600 WEST FULTON STREET
CHICAGO IL 60661-1110

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

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

36-3340427

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. 193.032,
Florida Statutes ☐ Yes ☐ No

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

Signature typed or printed of current registered agent and the applicable

(If 9b) Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, RICHARD H.
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER PA ☒ DELETE

TITLE VSD
NAME APLINGTON, DAVID R
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER PA ☒ DELETE

TITLE VD
NAME RENNIGER, MARTIN
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER PA ☐ DELETE

TITLE TD
NAME TILLEY, ANITA R
STREET ADDRESS 20 MOORES RD.
CITY-ST-ZIP FRAZER PA ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE P/D
12 NAME Jay H. Berman
13 STREET ADDRESS 20 Moores Road, Frazer, PA 19355
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☒ Change ☐ Addition

31 TITLE V/S/D
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☒ Addition

41 TITLE T/D
42 NAME Dennis E. Brady
43 STREET ADDRESS 20 Moores Road, Frazer, PA 19355
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)