

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08729 (6)
 1. Corporation Name
1717 ADVISORY SERVICES, INC.



Principal Place of Business 1050 WESTLAKES DR. WESTLAKES DR. PA 19312	Mailing Address P O BOX 7378 PHILADELPHIA PA 19101-7378 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 1717 27 Suite, Apt. #, etc. 28 Valley Forge, PA 29 19482 30 Country		3. Date Incorporated or Qualified 01/10/1986	3a. Date of Last Report 03/19/1996
4. FEI Number 23-2326859		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	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP NAME AMOLA, LOUIS A STREET ADDRESS 1800 MARKET ST CITY-ST-ZIP PHILADELPHIA PA	☐ DELETE	1.1 TITLE Vice President 1.2 NAME 1.3 STREET ADDRESS 220 Continental Drive 1.4 CITY-ST-ZIP Newark, DE 19713	☒ Change ☐ Addition
TITLE T NAME GATTA, ROSANNE STREET ADDRESS 1800 MARKET STREET CITY-ST-ZIP PHILADELPHIA PA	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 1205 Westlakes Drive 2.4 CITY-ST-ZIP Berwyn, PA 19312	☒ Change ☐ Addition
TITLE P NAME REIHL, LANCE R STREET ADDRESS 1800 MARKET ST CITY-ST-ZIP PHILADELPHIA PA	☐ DELETE	3.1 TITLE P 3.2 NAME Reihl, Lance 3.3 STREET ADDRESS 220 Continental Drive 3.4 CITY-ST-ZIP Newark, DE 19713	☒ Change ☐ Addition
TITLE D NAME JOHNSON, ROBERT S STREET ADDRESS 1800 MARKET ST CITY-ST-ZIP PHILADELPHIA PA	☐ DELETE	4.1 TITLE Financial Officer 4.2 NAME Anthony Mastromarino 4.3 STREET ADDRESS 1050 Westlakes Drive 4.4 CITY-ST-ZIP Berwyn, PA 19312	☒ Change ☐ Addition
TITLE C NAME KLOSS, ROBERT W. STREET ADDRESS 185 COUNTRY LANE CITY-ST-ZIP PHOENIXVILLE PA 19460	☐ DELETE	5.1 TITLE Director 5.2 NAME Kloss, Robert 5.3 STREET ADDRESS 185 Country Lane 5.4 CITY-ST-ZIP Phoenixville, PA 19460	☒ Change ☐ Addition
TITLE S NAME SENKER, LINDA E STREET ADDRESS 1800 MARKET ST CITY-ST-ZIP PHILADELPHIA PA	☒ DELETE	6.1 TITLE Secretary 6.2 NAME Adam Sacramella 6.3 STREET ADDRESS 1050 Westlakes Drive 6.4 CITY-ST-ZIP Berwyn, PA 19312	☒ Change ☐ Addition

14. I do 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.

SIGNATURE: *[Signature]* 4/11/97 (10) 407-1717

CR2E034 (9/96)