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FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P09749** (3)

1. Corporation Name  
**RADNOR/EDGEWATER, INC.**



Principal Place of Business

**1801 MARKET ST  
PHILADELPHIA PA 19103  
US**

Mailing Address

**1801 MARKET ST  
PHILADELPHIA PA 19103-1626  
US**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/15/1986</b>  | 3a. Date of Last Report<br><b>04/10/1996</b> |
| 4. FEI Number<br><b>23-2402273</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                          |  |
|-----------------|--------------------------|--|
| TITLE           | <b>D</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>DINGUS, M.H.R.</b>    |  |
| STREET ADDRESS  | <b>1801 MARKET ST</b>    |  |
| CITY - ST - ZIP | <b>PHILADELPHIA PA</b>   |  |
| TITLE           | <b>VD</b>                | <input type="checkbox"/> DELETE            |
| NAME            | <b>MULHOLLAND, P. A.</b> |  |
| STREET ADDRESS  | <b>1801 MARKET ST</b>    |  |
| CITY - ST - ZIP | <b>PHILADELPHIA PA</b>   |  |
| TITLE           | <b>P</b>                 | <input type="checkbox"/> DELETE            |
| NAME            | <b>OSBURN, S H</b>       |  |
| STREET ADDRESS  | <b>501 N A1A</b>         |  |
| CITY - ST - ZIP | <b>JUPITER FL</b>        |  |
| TITLE           | <b>S</b>                 | <input type="checkbox"/> DELETE            |
| NAME            | <b>BROWNIE, T. JR.</b>   |  |
| STREET ADDRESS  | <b>1801 MARKET ST</b>    |  |
| CITY - ST - ZIP | <b>PHILADELPHIA PA</b>   |  |
| TITLE           | <b>V</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>LYONS, J.H. III</b>   |  |
| STREET ADDRESS  | <b>501 N A1A</b>         |  |
| CITY - ST - ZIP | <b>JUPITER FL</b>        |  |
| TITLE           | <b>T</b>                 | <input type="checkbox"/> DELETE            |
| NAME            | <b>JONES, P M</b>        |  |
| STREET ADDRESS  | <b>1801 MARKET ST</b>    |  |
| CITY - ST - ZIP | <b>PHILADELPHIA PA</b>   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                               |   |
|---------------------|-------------------------------|---|
| 1.1 TITLE           | <b>DIRECTOR / PRESIDENT</b>   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>OSBURN, S.H.</b>           |   |
| 1.3 STREET ADDRESS  | <b>1801 MARKET ST.</b>        |   |
| 1.4 CITY - ST - ZIP | <b>PHILADELPHIA PA. 19103</b> |   |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 2, 1997

215-977-6236

Date

Daytime Phone #

CR2E034 (9/96)