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Apr 28 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 # **P11757** (2)
1. Corporation Name
MATLACK, INC. OF PENNSYLVANIA

Principal Place of Business

**ONE ROLLINS PLAZA
POST OFFICE BOX 8789
WILMINGTON DE 19899**

Mailing Address

**ONE ROLLINS PLAZA
POST OFFICE BOX 8789
WILMINGTON DE 19899-8789**



3. Date Incorporated or Qualified 10/10/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 23-1283368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PO**
NAME **TRIPPITELLI, GERARD J.**
STREET ADDRESS **2 SHADOW LANE**
CITY- ST- ZIP **CHADDS FORD PA**

TITLE **VT**
NAME **TILLMAN, JOSEPH E.**
STREET ADDRESS **1199 ST. ANDREWS LANE**
CITY- ST- ZIP **WEST CHESTER PA**

TITLE **V**
NAME **BONACCI, EUGENE C.**
STREET ADDRESS **CONTINENTAL LANE**
CITY- ST- ZIP **TITUSVILLE NJ**

TITLE **V**
NAME **SAWA, EDWARD G.**
STREET ADDRESS **1006 SABOR RD.**
CITY- ST- ZIP **W.CHESTER PA**

TITLE **S**
NAME **BELOHOUBEK, KLAUS M**
STREET ADDRESS **602 WILLOW GLEN ROAD**
CITY- ST- ZIP **KENNETH SQUARE PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Klaus M. Belohoubek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/97

(302) 426-3081

Date

Daytime Phone #

0008516

CR2E034 (9/96)