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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 # P16815 (3)

1. Corporation Name  
RADNOR/ARGYLE CORPORATION



Principal Place of Business: 1801 MARKET ST PHILADELPHIA PA 19103 US  
Mailing Address: 1801 MARKET ST PHILADELPHIA PA 19103-1628 US

3. Date Incorporated or Qualified: 11/16/1987  
3a. Date of Last Report: 04/10/1996  
4. FEI Number: 23-2483551  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code: FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: DINGUS, M.H.R. <input checked="" type="checkbox"/> DELETE	1.1 TITLE: DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: 1801 MARKET ST	CITY-ST-ZIP: PHILADELPHIA PA	1.2 NAME: OSBURN, S.H.	
TITLE: S	NAME: BROWNLIE, THOMAS, JR. <input type="checkbox"/> DELETE	1.3 STREET ADDRESS: 1801 MARKET ST.	
STREET ADDRESS: 1801 MARKET ST	CITY-ST-ZIP: PHILADELPHIA PA	1.4 CITY-ST-ZIP: PHILADELPHIA PA. 19103	
TITLE: VD	NAME: SZILIER, G.J. <input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1801 MARKET S	CITY-ST-ZIP: PHILADELPHIA PA	2.2 NAME:	
TITLE: P	NAME: OSBURN, S. H. <input type="checkbox"/> DELETE	2.3 STREET ADDRESS:	
STREET ADDRESS: 501 N AIA	CITY-ST-ZIP: JUPITER FL	2.4 CITY-ST-ZIP:	
TITLE: VD	NAME: MULHOLLAND, P.A. <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 1801 MARKET ST	CITY-ST-ZIP: PHILADELPHIA PA	3.2 NAME:	
TITLE: T	NAME: JONES, P. M. <input type="checkbox"/> DELETE	3.3 STREET ADDRESS:	
STREET ADDRESS: 1801 MARKET ST	CITY-ST-ZIP: PHILADELPHIA PA	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: *Thomas Brownlie* APRIL 2 1997 215-977-6236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREE034 (9/96)