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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

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-2483551	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Zip		
24	29		
Country	Country		
25	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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINGUS, M.H.R.	1.2 NAME	OSBURN, S.H.
STREET ADDRESS	1801 MARKET ST	1.3 STREET ADDRESS	1801 MARKET ST.
CITY- ST- ZIP	PHILADELPHIA PA	1.4 CITY- ST- ZIP	PHILADELPHIA PA. 19103
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BROWNLIE, THOMAS, JR.	2.2 NAME	
STREET ADDRESS	1801 MARKET ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	2.4 CITY- ST- ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	SZILIER, G.J.	3.2 NAME	
STREET ADDRESS	1801 MARKET S	3.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	3.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	OSBURN, S. H	4.2 NAME	
STREET ADDRESS	501 N AIA	4.3 STREET ADDRESS	
CITY- ST- ZIP	JUPITER FL	4.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MULHOLLAND, P.A.	5.2 NAME	
STREET ADDRESS	1801 MARKET ST	5.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	5.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	JONES, P. M	6.2 NAME	
STREET ADDRESS	1801 MARKET ST	6.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	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 #

0007792

CR2E034 (9/96)