Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90104 007 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P16815	5							
1. Corporation Name RADNOR/ARGYLE CORPORATION						L LEGICARE LAS HAND AND CHEST HAD AND AND AND AND AND AND AND AND AND A			
Principal Place of Business Mailing Address						i idilitat ini cista acen inini tisat airi nini ace	.) שושוו עופוו ש	1911 91911 1981	
1801 MARKET S	ST	1801 MARKET ST							
PHILADELPHIA PA 19103 PHILADELPHIA PA 19103			13			DO NOT WRITE IN THIS S	PACE		
US		US				3. Date Incorporated or Qualifed			
						11/16/1987			
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For	
26						23-2483551	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A		
27						or defined or elected bounds	Fee Re	quired	
City & State City & State						6. Election Campaign Financing	\$5.00	·	
23		28				Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	r	ountry		8. This corporation owes the current year Inta		□No	
24	9. Name and Address of Curre	nt Registered Agent	30	Т		Personal Property Tax. 10. Name and Address of New Registered A	<u>-x</u>		
	3- Name and Address of Corre	int registered regent		81	Name		7		
CT C	CORPORATION SYSTEM				011	Address (D.O. Day Number in Not Assessable)			
1200 S. PINE ISLAND ROAD				82	Street	Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324				83					
				84	City		85 Zip (Code	
					-	FL_			
office or r	egistered agent or both in the State	e of Florida. Such change w	as authoriz	ed by I	-named he corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	nanging its Iment as re	registered gistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida St	atutes.					
SIGNATURE	Signature, typed or printed name of registered ag	ant and him 4 applicable //	IOTE: Register	red Adent	sionature r	required when reinstating) DATE			
12.		ND DIRECTORS	1.		oignatoro i	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	S	☐ DELETI	1.1	TITLE			Change	Addition	
NAME	GERNER, E.C.		1.2	NAME					
STREET ADDRESS	1801 MARKET ST		1.3	STREET	ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19103			1.4 CITY-ST-ZIP					
TITLE	DELETE 2.1			2.1 TITLE			Change	Addition	
NAME	HANISH, R. 2		2.2 NAME						
STREET ADDRESS	1001		2.3	STREET	ADDRESS				
CITY-ST-ZIP	PHILADELPHIA PA 19103	□ ac cre		2.4 CITY-ST-ZIP			Change	Addition	
TITLE	PD			TITLE			Change	☐ Addition	
NAME	MULHOLLAND, P.A.	CHOLDAND, 1 :A:		NAME					
STREET ADDRESS	''''			3 3 STREET ADDRESS					
CITY-ST-ZIP	PHILADELPHIA PA 19103			3.4. CITY-ST-ZIP			Change	Addition	
TITLE	TD NOTE D M	LJ DECEN		2 NAME				_	
NAME STREET ADDRESS	JONES, P. M 1801 MARKET ST				ADDRESS				
	PHILADELPHIA PA 19103			CITY ST					
CITY-ST-ZIP TITLE	FRIENDELFITIA FA 19103	☐ DELET		TITLE		ASSISTANT SECRETARY	Change	Addition	
NAME			5.2	NAME		JURITH A. PRIVERT		•	
STREET ADDRESS			5.3	STREET	ADDRESS	1801 MIRKET STRACT			
CITY-ST-ZIP			5.4	CITY-ST	·ZiP	philadelphia, PA 1910-3			
TITLE		☐ DELET	6.1	TITLE		ASSISTANT SOCRETARY O ASSISTANT MOSE	☐ Change	Addition	
NAME				NAME		John J. Mckeever			
STREET ADDRESS			6.3	STREET	ADDRESS	1801 Martices TAILER			

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: