

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

FILED

Mar 27 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P17970 (5)

1. Corporation Name

RADNOR/SARASOTA CORPORATION

Principal Place of Business

1801 MARKET ST  
PHILADELPHIA PA 19103  
US

Mailing Address

1801 MARKET ST  
PHILADELPHIA PA 19103  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1988

4. FEI Number

23-2498341

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

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

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          | DP                | <input checked="" type="checkbox"/> DELETE |
| NAME           | OSBURN, S.H.      |  |
| STREET ADDRESS | 1801 MARKET ST    |  |
| CITY-ST-ZIP    | PHILADELPHIA PA   |  |
| TITLE          | P                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | OSBURN, S. H      |  |
| STREET ADDRESS | 501 N AIA         |  |
| CITY-ST-ZIP    | JUPITER FL        |  |
| TITLE          | S                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | BROWNIE, THOMAS J |  |
| STREET ADDRESS | 1801 MARKET ST    |  |
| CITY-ST-ZIP    | PHILADELPHIA PA   |  |
| TITLE          | VD                | <input type="checkbox"/> DELETE            |
| NAME           | MULHOLLAND, P.A.  |  |
| STREET ADDRESS | 1801 MARKET ST    |  |
| CITY-ST-ZIP    | PHILADELPHIA PA   |  |
| TITLE          | T                 | <input type="checkbox"/> DELETE            |
| NAME           | JONES, P. M       |  |
| STREET ADDRESS | 1801 MARKET ST    |  |
| CITY-ST-ZIP    | PHILADELPHIA PA   |  |
| TITLE          |                   | <input type="checkbox"/> DELETE            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | R. Hanish  |
| 2.3 STREET ADDRESS | 1801 MARKET STREET   |
| 2.4 CITY-ST-ZIP    | Philadelphia, PA 19103   |
| 3.1 TITLE          | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |
| 3.2 NAME           | E.C. GERNER  |
| 3.3 STREET ADDRESS | 1801 MARKET STREET   |
| 3.4 CITY-ST-ZIP    | Philadelphia, PA 19103   |
| 4.1 TITLE          | PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 4.2 NAME           | P.A. Mulholland  |
| 4.3 STREET ADDRESS | 1801 MARKET ST.  |
| 4.4 CITY-ST-ZIP    | Philadelphia, PA 19103   |
| 5.1 TITLE          | TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 5.2 NAME           | P.M. Jones   |
| 5.3 STREET ADDRESS | 1801 MARKET ST.  |
| 5.4 CITY-ST-ZIP    | Philadelphia, PA 19103   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| 6.2 NAME           | 100002472921   |
| 6.3 STREET ADDRESS | -03/31/98--01019--003  |
| 6.4 CITY-ST-ZIP    | ***1650.00   |

14. I 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:

Eric G. Gerner, Secretary 3/5/98 215-977-  
327

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