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FILED

Jan 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 # P18386

(3)

1. Corporation Name

THE LANGSTON CORPORATION

Principal Place of Business

111 WOODCREST ROAD  
CHERRY HILL NJ 08034-0517  
US

Mailing Address

111 WOODCREST ROAD  
CHERRY HILL NJ 08033-3620  
US



3. Date Incorporated or Qualified

03/11/1988

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc:

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc:

27 City & State

28 Zip

29 Country

4. FEI Number

51-0295209

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

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 of registered agent or officer or director, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	TRUPKOVICH, EDWARD C	
STREET ADDRESS	111 WOODCREST ROAD	
CITY - ST - ZIP	CHERRY HILL NJ	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	BELVILLE, WALTER	
STREET ADDRESS	111 WOODCREST ROAD	
CITY - ST - ZIP	CHERRY HILL NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SLAUGENHOUP, RICHARD	
STREET ADDRESS	111 WOODCREST ROAD	
CITY - ST - ZIP	CHERRY HILL NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENWOOD, PETER W	
STREET ADDRESS	11 TANNERS DRIVE BLAKELANDS	
CITY - ST - ZIP	MILTON KEYNES MK	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAYNES, LEO	
STREET ADDRESS	935 MALDON COURT	
CITY - ST - ZIP	BLUE BELL PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILLS, GEORGE	
STREET ADDRESS	3 DORSET ROAD	
CITY - ST - ZIP	CHERRY HILL NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D GRANT, PETER W
33 STREET ADDRESS	11 TANNERS DRIVE BLAKELANDS
34 CITY - ST - ZIP	MILTON KEYNES UK
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	M HARRISON, PETER W.
43 STREET ADDRESS	11 TANNERS DRIVE BLAKELANDS
44 CITY - ST - ZIP	MILTON KEYNES UK
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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

Date: 1/14/97 Daytime Phone: (609) 795-7100

CR2E034 (9/96)