

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18727 (8)**
1. Corporation Name
THE CLARK CAPITAL MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

1735 MARKET ST
MELLON BANK CENTER 34TH FL
PHILADELPHIA PA 19103
US

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MELLON BANK CENTER 34TH FL
PHILADELPHIA PA 19103
US

3. Date Incorporated or Qualified 04/06/1988	3a. Date of Last Report 08/21/1995
4. FEI Number 23-2420540	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, HARRY J	
STREET ADDRESS	1533 BRIAR HILL RD	
CITY-ST-ZIP	GLADWYNE PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HELFANT, NORMAN ANTHONY	
STREET ADDRESS	14 NEWELL PASS	
CITY-ST-ZIP	WILLINGBORO NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGUIRE, ALEX	
STREET ADDRESS	287 OLD ORCHARD DRIVE	
CITY-ST-ZIP	POTTSTOWN PA 19464	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS CLARK, DENISE R	
STREET ADDRESS	1023 WASHINGTON AVENUE	
CITY-ST-ZIP	HADDONFIELD NJ 08003	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	TEEFY, JAMES J	
STREET ADDRESS	2330 WILLOW BROOK AVE	
CITY-ST-ZIP	HUNTINGTON VALLEY PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, DENISE S	
STREET ADDRESS	841 WILDE AVENUE	
CITY-ST-ZIP	DREXEL HILL PA 19026	

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 type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Denise Clark Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1796

DATE

Digitally Signed By

CR2E034 (3/96)