

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P18753
1. Corporation Name
RADNOR/LAKESIDE CORPORATION

(4)



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/08/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-2505236	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT/DIRECTOR
NAME	OSBURN, S. H.	1.2 NAME	P.A. MULHOLLAND
STREET ADDRESS	1801 MARKET ST	1.3 STREET ADDRESS	1801 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA	1.4 CITY-ST-ZIP	Philadelphia, PA 19103
TITLE	S	2.1 TITLE	SECRETARY
NAME	BROWNIE, THOMAS	2.2 NAME	E.C. GERNER
STREET ADDRESS	1801 MARKET ST	2.3 STREET ADDRESS	1801 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	Philadelphia, PA 19103
TITLE	P	3.1 TITLE	TREASURER/DIRECTOR
NAME	OSBURN, S H	3.2 NAME	P.M. JONES
STREET ADDRESS	501 NORTH A1A	3.3 STREET ADDRESS	1801 MARKET ST.
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Philadelphia, PA 19103
TITLE	VD	4.1 TITLE	
NAME	MULHOLLAND, P A	4.2 NAME	
STREET ADDRESS	1801 MARKET ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	JONES, P M	5.2 NAME	
STREET ADDRESS	1801 MARKET ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

CR2E034 (10/97)