

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90071 035 ***150.00
09-01-1999 90014 047 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22138

1. Corporation Name
RADNOR DEVELOPMENT 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

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

3. Date Incorporated or Qualified
12/15/1988

4. FEI Number
23-2536807

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 the current year Intangible Personal Property. ☐ 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
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 _____ DATE _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------------------|---|-------------|-------------------------------------|
| PD | MULHOLLAND, P.A. | 1801 MARKET ST PHILADELPHIA PA 19103 | | <input type="checkbox"/> |
| S | GERNER, E.C. | 1801 MARKET ST PHILADELPHIA PA 19103 | | <input type="checkbox"/> |
| TD | JONES, P.M. | 1801 MARKET ST PHILADELPHIA PA 19103 | | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE | Change | Addition |
|--------------------|---|-------------------|--|--------------------------|--------------------------|-------------------------------------|
| ADD -> TREASURER | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.1 TITLE | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 STREET ADDRESS | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 CITY-ST-ZIP | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 STREET ADDRESS | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 CITY-ST-ZIP | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | SENIOR VICE PRESIDENT | Rudolf Havisch | 1801 Market Street Philadelphia, PA 19103 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.2 NAME | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 STREET ADDRESS | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 CITY-ST-ZIP | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | Assistant Secretary | Judith A. Havisch | 1801 Market Street Philadelphia, PA 19103 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.2 NAME | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 STREET ADDRESS | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 CITY-ST-ZIP | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | Assistant Secretary & Assistant Treasurer | John J. McReever | 1801 Market Street Philadelphia, PA 19103 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6.2 NAME | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 STREET ADDRESS | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 CITY-ST-ZIP | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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: Elias G. Gerner SECRETARY 8/23/99 215-971-6648

CR2E034 (5/99)