

**FILE NOW: FILING FEE AFTER MAY 14 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P22939** (3)

1. Corporation Name

**NPS, INC.**

Principal Place of Business

Mailing Address

**INCORPORATION TRUST CENTER  
1209 ORANGE ST.  
WILMINGTON DE 19801-1134**

**1818 MARKET STREET  
PHILADELPHIA PA 19103  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasiest <b>02/10/1989</b>	3a. Date of Last Report <b>07/29/1994</b>
4. FEI Number <b>23-2499109</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

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	<b>FL</b>

11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE

12. Registered Agent (signature required)

13. Registered Agent (signature required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	12.2 ADDRESS	13.1 NAME	13.2 ADDRESS
PD GREER, PAUL W. 1818 MARKET ST. PHILADELPHIA PA		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
V ONEILL, JAMES 1818 MARKET ST. PHILADELPHIA PA		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP BRUCE GOLDMAN 1818 MARKET STREET Philadelphia PA 19103
S LEHRER, PAMELA 1818 MARKET ST. PHILADELPHIA PA		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T JOSEPH E. MCKINNEY 1818 MARKET ST. PHILADELPHIA PA		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
AT POLLAK, KAREN 1818 MARKET STREET PHILADELPHIA PA		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and given true and ready for the example as stated in Sections 199.032, Florida Statutes. I further certify that the information is complete and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the creator of the corporation and I am responsible to make this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *Karen Pollak* KAREN POLLAK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 215 299 8071