

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22939 (3)**
1. Corporation Name
NPS, INC.



Principal Place of Business: **%CORPORATION TRUST CENTER 1209 ORANGE ST. WILMINGTON DE 19801-1134**
Mailing Address: **1818 MARKET STREET PHILADELPHIA PA 19103 US**

3. Date Incorporated or Qualified: **02/10/1989** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **23-2499109** 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

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

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
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: _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREER, PAUL W.	
STREET ADDRESS	1818 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRUCE GOLDMAN	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEHRER, PAMELA	
STREET ADDRESS	1818 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOSEPH E. MCKINNEY	
STREET ADDRESS	1818 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	POLLAK, KAREN	
STREET ADDRESS	1818 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CEO Stephen Berglund
6.3 STREET ADDRESS	1818 Market St
6.4 CITY-ST-ZIP	Phila PA 19103

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 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]* _____
DATE: **4/30/96** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Secretary Pamela Spore**
DAYTIME PHONE # _____

CR2E034 (12/95)