

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 9:57

DOCUMENT # **P24204** (0)

1. Corporation Name

**RADNOR/DEVON GREEN 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.

3. Date Incorporated or Qualified

05/08/1989

3a. Date of Last Report

03/15/1994

4. FEI Number

23-2559056

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 filed if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                 |
|-----------------|-----------------|
| TITLE           | D               |
| NAME            | DINGUS, M.H.R.  |
| STREET ADDRESS  | 1801 MARKET ST  |
| CITY - ST - ZIP | PHILADELPHIA PA |
| TITLE           | P               |
| NAME            | OSBURN, S H     |
| STREET ADDRESS  | 501 N A1A       |
| CITY - ST - ZIP | JUPITER FL      |
| TITLE           | VD              |
| NAME            | MULHOLLAND, P A |
| STREET ADDRESS  | 1801 MARKET ST  |
| CITY - ST - ZIP | PHILADELPHIA PA |
| TITLE           | S               |
| NAME            | BROWNLIE, T.    |
| STREET ADDRESS  | 1801 MARKET ST  |
| CITY - ST - ZIP | PHILADELPHIA PA |
| TITLE           | T               |
| NAME            | JONES, P M      |
| STREET ADDRESS  | 1801 MARKET ST  |
| CITY - ST - ZIP | PHILADELPHIA PA |
| TITLE           | T               |
| NAME            | JONES, P M      |
| STREET ADDRESS  | 1801 MARKET ST  |
| CITY - ST - ZIP | PHILADELPHIA PA |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            | VD                                                                           |
| 6.3 STREET ADDRESS  | SZILIER, G. J.                                                               |
| 6.4 CITY - ST - ZIP | 1801 MARKET ST<br>PHILADELPHIA, PA.                                          |

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 110.07(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 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Brownlie Jr.* THOMAS BROWNLIE, JR. FEB. 2, 1995 215-977-6236

(Signature AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR)

(Typed Name)