SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT 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 JUN 14 PM 3:27

DOCUMENT # **P27853** **(1)**

1. Corporation Name
AMERICAN COMMONWEALTH MANAGEMENT SERVICES COMPAN Y, INC.

Principal Place of Business	Mailing Address
P.O. BOX 460 HERSHEY PA 17033	P.O. BOX 460 HERSHEY PA 17033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1990
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 51-0293849 ☐ 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

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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	HARNER, ROBERT E	12 NAME	Retired, No positions held
STREET ADDRESS	CR. SANDBEACH & BOATHOUSE ROADS	13 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA 17033	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	P/V/D ☒ Change ☐ Addition
NAME	SCHMIDT, J STEPHEN	22 NAME	
STREET ADDRESS	CR. SANDBEACH & BOATHOUSE ROADS	23 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA 17033	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROBERT L	32 NAME	
STREET ADDRESS	CR. SANDBEACH & BOATHOUSE ROADS	33 STREET ADDRESS	
CITY-ST-ZIP	HERSHEY PA 17033	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	POHL, W TIMOTHY	42 NAME	
STREET ADDRESS	1025 LAUREL OAK ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ 08043	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BARR, J JAMES	52 NAME	
STREET ADDRESS	1025 LAUREL OAK ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ 08043	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JOHNSTONE, GEORGE W	62 NAME	
STREET ADDRESS	1025 LAUREL OAK ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ 08043	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Robert E Harner 6/7/95 (717) 531-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170148 FN