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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

P29252 **DOCUMENT #** 

(4)

DIAMOND MANAGEMENT SYSTEMS, INC.

SUITE 600 JENKINTOWN PA 1906  JENKINTOWN PA 1906  2 Principal Place of Business  3 Principal Place of Business  4 Principal Place of Business  5 Principal				Mailing Address					1881 9 H   1881   1881   1881   1888   1888   1888   1888   1888   1888   1888   1888   1888   1888   1888   1			
Principal Place of Business   2a, Misting Address   2a, Misting	101 GREENWOOD AVENUE			SUITE 600. JENKINTOWN PLAZA 101 GREENWOOD AVENUE								
2. Precipital Place of Extensions 2. 26   Support								4				
Surf. Apt. #, etc.   Surf. A	2	Principal Plac	e of Business	2a. Mailing Addres	SS						L	
Suite, April #, office   Suite, April #, off		T Throughout 100										
City & State 23	<u>-</u> -	Sute, Apt. #, etc.		<b>├</b> ──1								
28	22	City & State		<u> </u>			6. Elect	ion Campaign Financing	<b>r</b> -n	<b>+</b> • • • •		
Zep	23			28								
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  120 S. PINE ISLAND ROAD PLANTATION FL 33324  121 PLANTATION FL 33324  122 Street Address (P.O. Box Number is Net Acceptable)  123 Street Address (P.O. Box Number is Net Acceptable)  124 City  125 PLANTATION FL 33324  126 PLANTATION FL 33324  127 PLANTATION FL 33324  128 PLANTATION FL 33324  129 PLANTATION FL 33324  120 PLANTATION FL 33324  120 PLANTATION FL 33324  121 PLANTATION FL 33324  122 PLANTATION FL 33324  123 PLANTATION FL 33324  124 PLANTATION FL 33324  125 PLANTATION FL 33324  126 PLANTATION FL 33324  127 PLANTATION FL 33324  128 PLANTATION FL 33324  129 PLANTATION FL 33324  120 PLANTATION FL 33324  120 PLANTATION FL 34324  121 PLANTATION FL 34324  122 PLANTATION FL 34324  123 PLANTATION FL 34324  124 PLANTATION FL 34324  125 PLANTATION FL 34324  126 PLANTATION FL 34324  127 PLANTATION FL 34324  128 PLANTATION FL 34324  129 PLANT	1	Zφ	Country	Zıp		¬ ′		l l			ax under s	199.032,
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  84 City  84 City  FL 85 7tp Code  11. Pursuent to the provisions of Sections 607.0502 and 607.1505. Fierical Statutes, the above named conjunation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds, Such change was authorized by the corporation's board of directors. Thereby acropy the appointment as registered agent, and accept the collipations of, Section 607.0505, Fierical Statutes  SIGNATURE  Synthetistical professional accept the collipations of, Section 607.0505, Fierical Statutes  SIGNATURE  Synthetistical professional accept the collipations of professional accept the collipations of professional agent accept the collipations of professional accept	24				30							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  83  64  City  FL  85  70 Code  11. Fursiant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named convariation submits this statement for the purpose of charging its registered agent. In both, in the State of Florids. Such change was authorized by the cooperation's board of directors. Thereby accept the appointment are registered agent. I am for registered agent, or both, in the State of Florids. Such change was authorized by the cooperation's board of directors. Thereby accept the appointment are registered agent. I am formulae with, and accept the obligations of, Section 607,0505, Florida Statutes  SIGNATURE  SIGNATURE  System Agents agent as a complete to the purpose of charging at a registered agent. I am formulae with, and accept the obligations of, Section 607,0505, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  CO			g. Name and Address of Curren	t Registered Agent			••••	10. Nam	e and Address of New	Hegistered	Agent	
1200 S. PINE ISLAND ROAD   PLANTATION FL 33324   83						81						
PLANTATION FL 33324    83						82	Street Ad	dress (P.O. Bo	ox Number is Not Accepte	nhile)		
PLANTATION P.L. 33324   84    City						83						
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 affice 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 607.0509, Florida Statutes.    Signature:		PLANTA	TION FL 33324								T	
or registered agent, or both, in the State of Fordal Statutes    Signature						84	City			FL	_ 185 Zip	Code
12.	s	IGNIAT LIBE				lag stered April	nt sign at are neces	not when remistation	् (द्			
TILE	1			D DIRECTORS		13.		ADD	ITIONS/CHANGES TO OF			
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CITY-SI-ZIP	1	AME	DIAMOND, THOMAS D.			1.2 NAME						
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DIAMOND, DOUGLAS L.   22 NAME   23 STREET ADDRESS   101 GREENWOOD AVE.   24 CITY - ST - ZIP	c	ITY-ST-ZIP	JENKINTOWN PA				31-ZIP				C C C C C C C C C C C C C C C C C C C	C) Addition
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CITY-ST-ZIP	N	IAME										
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TILE	s	STREET ADDRESS					1					
NAME			F) 55, 574							Change	Addition	
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City   Street Adultion   Change   Addition   Change   Addition   Change   Addition   Change	-						LADORESS					
TITLE DELETÉ 5 + TITLE GRANGE L. J. ADDITION	- 1						i					
int:				DEL	Elf						Change	Addition
1 MARC 1 TYCE SIESON			LYLE, SUSAN			5.2 NAME						
SIREEL ADDRESS 101 GREENWOOD AVE. 53 SIREEL ADDRESS	- 1		101 GREENWOOD AVE			•	L ADDRESS					

5.4 City - St - ZiP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

6.1 THE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

JENKINTOWN PA

JENKINTOWN PA

DIFIGLIA, VINCENT P

101 GREENWOOD AVE.

VERLUE L. DINHOND ME OF SIGNING OFFICER OR DIRECTOR

DELETE

14. Lob 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 logal effect as if made under 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 logal effect as if made under certify 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. 218 887-2515

Change Addition

CR2E034 (12/95)