

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90150 049 ***150.00

DOCUMENT # P29338

1. Corporation Name

WHITE SWAN, INC.



Principal Place of Business

613 BALTIMORE DRIVE
WILKES BARRE PA 18702
US

Mailing Address

613 BALTIMORE DRIVE
WILKES BARRE PA 18702
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1990

4. FEI Number

75-2333895

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES L	1.2 NAME	
STREET ADDRESS	9830 PATUXENT WOODS DRIVE	1.3 STREET ADDRESS	9755 PATUXENT WOODS DR.
CITY-ST-ZIP	COLUMBIA MD 21046	1.4 CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMSON, DAVID M	2.2 NAME	
STREET ADDRESS	9830 PATUXENT WOODS DRIVE	2.3 STREET ADDRESS	9755 PATUXENT WOODS DR.
CITY-ST-ZIP	COLUMBIA MD 21046	2.4 CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLISON, ROBERT W	3.2 NAME	
STREET ADDRESS	9830 PATUXENT WOODS DRIVE	3.3 STREET ADDRESS	9755 PATUXENT WOODS DR.
CITY-ST-ZIP	COLUMBIA MD 21046	3.4 CITY-ST-ZIP	COLUMBIA, MD 21046
TITLE	AT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLON, CHRISTOPHER	4.2 NAME	AT
STREET ADDRESS	613 BALTIMORE DR	4.3 STREET ADDRESS	GEORGE T. MEGAS
CITY-ST-ZIP	WILKES-BARRE PA 18702	4.4 CITY-ST-ZIP	9755 PATUXENT WOODS DR.
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIAFLONE, ANN B	5.2 NAME	AS
STREET ADDRESS	613 BALTIMORE DRIVE	5.3 STREET ADDRESS	DAVID B. EBERHARDT
CITY-ST-ZIP	WILKES-BARRE PA 18702	5.4 CITY-ST-ZIP	9755 PATUXENT WOODS DR.
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENA, JOAN	6.2 NAME	
STREET ADDRESS	613 BALTIMORE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WILKES-BARRE PA 18702	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 717-831-7818

CR2E034 (11/98)