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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P29688 (9)

1. Corporation Name

KEYSTONE AERIAL SURVEYS, INC.



Principal Place of Business

PO BOX 21059
PHILADELPHIA PA 19114
US

Mailing Address

PO BOX 21059
PHILADELPHIA PA 19114
US

3. Date Incorporated or Qualified
06/08/1990

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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 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

P MALLINCKRODT, L. GILL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME

47 DUTTON

12 NAME

STREET ADDRESS

MALVERN PA

13 STREET ADDRESS

CITY- ST- ZIP

VP

14 CITY- ST- ZIP

TITLE

POTTER, MARY C

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

10 JERICHO MT. ROAD

22 NAME

STREET ADDRESS

NEWTON PA

23 STREET ADDRESS

CITY- ST- ZIP

S

24 CITY- ST- ZIP

TITLE

POTTER, K.W.

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

10 JERICHO MT. RD.

32 NAME

STREET ADDRESS

NEWTOWN PA

33 STREET ADDRESS

CITY- ST- ZIP

TAS

34 CITY- ST- ZIP

TITLE

SCHMUNK, JOHN W.

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

FOREST EDGE DR.

42 NAME

STREET ADDRESS

TITUSVILLE NJ

43 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

44 CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

52 NAME

STREET ADDRESS

☐ DELETE

53 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

54 CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

☐ DELETE

62 NAME

STREET ADDRESS

☐ DELETE

63 STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

64 CITY- ST- ZIP

TITLE

☐ DELETE

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:

Mary C. Potter

MARY C. POTTER

1/23/96

215-677-3119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)