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Jan 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
PO BOX 21059 **PO BOX 21059**
PHILDELPHIA PA 19114 **PHILDELPHIA PA 19114**
US **US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-1627458	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	1.1 TITLE	P
NAME	MALLINCKRODT, L GILL	1.2 NAME	Mallinckrodt, L. Gill
STREET ADDRESS	1401 BELL ROAD	1.3 STREET ADDRESS	759 Bell Road
CITY-ST-ZIP	OXFORD PA	1.4 CITY-ST-ZIP	Kirkwood, PA. 17536
TITLE	VP	2.1 TITLE	
NAME	POTTER, MARY C	2.2 NAME	
STREET ADDRESS	10 JERICHO MT. ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	POTTER, K.W.	3.2 NAME	
STREET ADDRESS	10 JERICHO MT. RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN PA	3.4 CITY-ST-ZIP	
TITLE	TAS	4.1 TITLE	
NAME	SCHMUNK, JOHN W.	4.2 NAME	
STREET ADDRESS	FOREST EDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE NJ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Mary C. Potter* *Mary C. Potter* *V.P.* *1-6-98* *2156773119*

CR2E034 (10/97)