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FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P33550 (5)

1. Corporation Name
THE KLING-LINDQUIST PARTNERSHIP INC.

Principal Place of Business
2301 CHESTNUT STREET
PHILADELPHIA PA 19103-3073

Mailing Address
2301 CHESTNUT STREET
PHILADELPHIA PA 19103-3035

3. Date Incorporated or Qualified 04/12/1991
3a. Date of Last Report 02/07/1996

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

4. FEI Number 23-1711665
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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTNICK, MELVYN J.	1.2 NAME	Robert G. Thompson
STREET ADDRESS	237 S. HUTCHINSON ST.	1.3 STREET ADDRESS	1210 Mirabeau Lane
CITY - ST - ZIP	PHILADELPHIA PA	1.4 CITY - ST - ZIP	Gladwyne, PA 19035
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELJOTTY, C. NICHOLAS	2.2 NAME	Bradford W. Fiske
STREET ADDRESS	102 ROCKINGHAM RD.	2.3 STREET ADDRESS	750 Mill Creek Road
CITY - ST - ZIP	CHERRY HILL NJ	2.4 CITY - ST - ZIP	Gladwyne, PA 19035
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUNG, ERIC	3.2 NAME	
STREET ADDRESS	165 GULPH HILLS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RADNOR PA	3.4 CITY - ST - ZIP	
TITLE	PS <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CARL	4.2 NAME	
STREET ADDRESS	780 REDMAN AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	HADDONFIELD NJ	4.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, TERRY L.	5.2 NAME	
STREET ADDRESS	211 SPRUCE RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FLOURTOWN PA	5.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, ALAN	6.2 NAME	
STREET ADDRESS	1 FRANKLIN TOWN BLVD. #715	6.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry L. Bush 215-569-5939

Date

Daytime Phone #

0007873

CR2E034 (9/96)