

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 90113 041 ***150.00

0644987

DOCUMENT # P33550

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 19103-3073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1991

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SOTNICK, MELVYN J.	
STREET ADDRESS	237 S. HUTCHINSON ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REVELIOTTY, C. NICHOLAS	
STREET ADDRESS	102 ROCKINGHAM RD.	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, ROBERT G	
STREET ADDRESS	1210 MIRABEAU LANE	
CITY-ST-ZIP	GLADWINE PA 19035	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, CARL	
STREET ADDRESS	780 REDMAN AVE.	
CITY-ST-ZIP	HADDONFIELD NJ	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BUSH, TERRY L.	
STREET ADDRESS	211 SPRUCE RD.	
CITY-ST-ZIP	FLOURTOWN PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLOAN, ALAN	
STREET ADDRESS	1 FRANKLIN TOWN BLVD. #715	
CITY-ST-ZIP	PHILADELPHIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	P.O. Box 119
5.4 CITY-ST-ZIP	Lederach, PA 19450
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	104 Bledodyn Road #1
6.4 CITY-ST-ZIP	Ardmore, PA 19003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry L. Bush

1/8/99

Date

215/569-5939

Daytime Phone #

CR2E034 (11/98)