FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P34533

(0)

GANNETT FLEMING VALUATION AND RATE CONSULTANTS, INC.

Principal Place of Business 207 SEATE AVE

Mailing Address

P.O. BOX 67100



CAMPTILL PA 17011 US		HARRISBURG PA 17106						
					07/02/1991 05			of Last Report 5/01/1995
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 23-2147341			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			23-214/341			Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May E			.00 May Be	
Zip	Country	28	T 0		Trust Fund Contribution	[]	***************************************	ded to Fees
24	25]	Zip	Countr 30	У	This corporation has liability for in Florida Statutes Florida Statutes	intangible tax under s 199.032,		
	9. Name and Address of Current		1001	·	10. Name and Address of New Ri		loent	
			8	Name		- grateriou /	gent	
MYUNG-HAK, SUNG								
	295, ONE PRESIDENTS PLAZA		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	eisenhower blvd.		83	1				
TAMP	A FL 33634		84	City			85	Zip Code
				'		FL	1 1	· I
Cr rogiste	to the provisions of Sections 607,0502 a gred agent, or both, in the State of Florids fith, and accept the obligations of, Section	a couch oriange was aumonz	ea ov me cor	named cor poration's b	poration submits this statement for the purpopard of directors. I hereby accept the appo	oose of char intment as i	nging li register	s registered office red agent. I am
SIGNATURE	Signature typed or printed name of registered agent as	d title it applicable (NO	OLE - Regulatered Ani	of signature no	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		DIBEC	TORS IN 12
TITLE	C	DELETE	1 1 THLE				1 Chanc	
NAME	WADDINGTON, HAROLD T.	<i>,</i> ,	1 2 NAME			_	,	
STREET ALIDRESS	1540 MCCORMICK DR.		1.3 STREET ADDRESS					.
CITY-S1-ZIP	MECHANICSBURG PA		1.4 C-TY - S1 - ZIP					
TITLE	P	☐ DELETE			Chalman + President	D	Chang	e
NAME	STOUT, WILLIAM M.		2.2 NAMÉ		of the state of th	,	•	
STREET ADDRESS	220 N. GATE DR.	,	2 3 STREE	I ADDRESS				
CITY-ST-ZIP	CAMP HILL PA		2.4 CITY - ST- ZIP					
TITLE	ST .	DELETE			Treasurer	X	Chang	e 🔲 Addition
NAME	LEE, MICHAEL T.		3 2 NAME		·		_	Ì
STREET ADDRESS	455 E. CRESTWOOD DR		3.3. STREE	T ADDRESS				
CITY - ST - ZIP	CAMPHILL PA		3.4 CITY -	ST-ZIP				
TITLE	AS	DELETE	4.1 TITLE			Ľ] Chang	e 🔲 Addition
NAME	SCHNERRING, BARBARA A.		4 2 NAME					
STREET ADDRESS	1107 YVERDON DR.		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	CAMP HILL PA		4.4 CITY-					
TITLE	VP	DELETÉ	5. 1 TITLE		VP/secretary	X	Chang	e 🔲 Addilion
NAME	HERBERT, PAUL R.		5.2 NAME		,			
STREET ADDRESS	4880 PINE HILL ROAD		5 3 STREE	ADDRESS				
CITY-ST-ZIP	HARRISBURG PA	·	5 4 CITY-	ST-ZIP				
TITLE		DELETE	6. 1 TATLE		Asst. Secy		Chang	e 🙀 Addition
NAME			6.2 NAME		Chour A. Rutter			•
STREET ADDRESS			6.3 STREF	ADDRESS	Cheryl A. Rutter 6120 Evelyn St			
CITY-S1-ZIP			6.4 CITY-		Harrisburg PA 1711	1		
14. I DO BORO	v certify that the information supplied w	th thic filing ic valuatorily furni	chad and dag	بالمسم فمصع	fulley the execution of the die Oneth and 40.0	7/0.01 5 15		

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.

M. Staut William M. Stout 4/2496
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR