

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90008 049 ***150.00

DOCUMENT # P35083

1. Corporation Name

WESTERN AGENCY MANAGEMENT, INC.



Principal Place of Business

**1601 CHESTNUT ST
TL13A
PHILADELPHIA PA 19192**

Mailing Address

**1601 CHESTNUT ST
TL13A
PHILADELPHIA PA 19192**

DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified

08/14/1991

4. FEI Number

94-2370577

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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	PD	<input type="checkbox"/> DELETE
NAME	LIUZZI, JOESPH R	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BERGSTENSSON, PAUL	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MULLIGAN, GEORGE D	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SMITH, KIM M	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBNEY, EDWARD J	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALY, MICHAEL J	
STREET ADDRESS	1601 CHESTNUT ST.	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CORP. SECRETARY
3.3 STREET ADDRESS	CHERYL A. BOWDEN
3.4 CITY-ST-ZIP	1601 CHESTNUT STREET
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PHILA, PA 19192
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Kim M. Smith **Kim M. Smith** 4/23/1999 (215) 741-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)