FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P36337** **(4)**

1. Corporation Name

TECHNOLOGY SPECIALISTS, INC.

Principal Place of Business	Mailing Address
801 SPRINGDALE DRIVE. SUITE 130 EXTON PA 19341	801 SPRINGDALE DRIVE. SUITE 130 EXTON PA 19341

3. Date Incorporated or Qualified: **11/19/1991**
3a. Date of Last Report: **07/07/1995**

4. FEI Number: **23-2414968** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

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 (Required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	REID, CLAIRE		2 NAME		
STREET ADDRESS	TWIN GATES, P.O. BOX 576		3 STREET ADDRESS		
CITY-ST-ZIP	UNIONVILLE PA		4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	GRIMM, SUSAN		2 NAME		
STREET ADDRESS	1065 LYME COURT		3 STREET ADDRESS		
CITY-ST-ZIP	WESTT CHESTER PA		4 CITY-ST-ZIP		
TITLE	CEOD	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, ROBERT		2 NAME		
STREET ADDRESS	135 ATHERTON DRIVE		3 STREET ADDRESS		
CITY-ST-ZIP	EXTON PA		4 CITY-ST-ZIP		
TITLE	VPF	☐ DELETE	4 TITLE		☒ Change ☐ Addition
NAME	BATTIATA, JOSEPH N		4 NAME	BATTISTA, JOSEPH N.	
STREET ADDRESS	470 RIVLEY AVE		4 STREET ADDRESS	309 VALLEY VIEW ROAD	
CITY-ST-ZIP	COLLINGDALE PA		4 CITY-ST-ZIP	SPRINGFIELD, PA. 19064	
TITLE	D	☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME	WACHMAN, MARVIN		5 NAME		
STREET ADDRESS	602 W. MERMAID LANE		5 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		5 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME	SCHOENBERG, LAWRENCE		6 NAME		
STREET ADDRESS	415 L'AMBIANCE DRIVE		6 STREET ADDRESS		
CITY-ST-ZIP	LONEBOAT KEY FL		6 CITY-ST-ZIP		

14. I do hereby 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 and any 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 attached sheet with an address.

SIGNATURE: Joseph Battista VP Finance 1/09/96 609-383-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH N. BATTISTA

CR2E034 (12/95)