

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P38700** (1)

1. Corporation Name  
**CSB LAND HOLDINGS, INC.**

Principal Place of Business  
**C/O RPC MITCHELL/TITUS INC.  
2250 HICKORY ROAD, SUITE 150  
PLYMOUTH MEETING PA 19462  
US**

Mailing Address  
**C/O RPC MITCHELL/TITUS INC.  
2250 HICKORY ROAD, SUITE 150  
PLYMOUTH MEETING PA 19462-1047  
US**

3. Date Incorporated or Qualified  
**05/05/1992**

3a. Date of Last Report  
**11/18/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>22-3134755</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>W. Jerry Dano</b>			1.2 NAME			
STREET ADDRESS	<b>101 E. RIVER DRIVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>E. HARTFORD CT 06108</b>			1.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Charles L. Tucker</b>			2.2 NAME			
STREET ADDRESS	<b>101 E. RIVER DRIVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>E. HARTFORD CT 06108</b>			2.4 CITY-ST-ZIP			
TITLE	DVS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>H. Dean Vernon</b>			3.2 NAME			
STREET ADDRESS	<b>101 E. RIVER DRIVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>E. HARTFORD CT 06108</b>			3.4 CITY-ST-ZIP			
TITLE	SV	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HOUSTON, MARGARET M</b>			4.2 NAME			
STREET ADDRESS	<b>1000 ADAMS AVE.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NORRISTOWN PA 19403</b>			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ABDILL, RICHARD A</b>			5.2 NAME			
STREET ADDRESS	<b>1000 ADAMS AVE.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NORRISTOWN PA 19403</b>			5.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MIGATZ, ROBERT</b>			6.2 NAME			
STREET ADDRESS	<b>1000 ADAMS AVE.</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NORRISTOWN PA 19403</b>			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: Charles L. Tucker 1/9/97 860-291-4458  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Charles L. Tucker, Vice President

CR2E034 (9/96)