

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90186 018 ***150.00

DOCUMENT # P39995

1. Corporation Name

THE EAGLE'S EYE, INC.

Principal Place of Business

1001 WASHINGTON ST.
CONSHOHOCKEN PA 19428
US

Mailing Address

1001 WASHINGTON ST.
CONSHOHOCKEN PA 19428
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1992

4. FEI Number

23-2559737

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 M ☒ DELETE

NAME BURCH, ROBERT L
STREET ADDRESS 1001 WASHINGTON ST.
CITY-ST-ZIP CONSHOHOCKEN PA

TITLE M ☒ DELETE

NAME BURCH, J. CHRISTOPHER
STREET ADDRESS 1001 WASHINGTON ST.
CITY-ST-ZIP CONSHOHOCKEN PA

TITLE T ☐ DELETE

NAME GORGE, DANIEL J
STREET ADDRESS 1001 WASHINGTON ST.
CITY-ST-ZIP CONSHOHOCKEN PA

TITLE CD ☐ DELETE

NAME HUGHES-HALLET, JAMES
STREET ADDRESS 4-F SWIRE HOUSE 9 CONNAUGHT RD.
CITY-ST-ZIP CENTRAL HO

TITLE D ☒ DELETE

NAME SCANTLEBURY, MICHAEL R
STREET ADDRESS 9 CONNAUGHT RD
CITY-ST-ZIP CENTRAL, HONG KONG

TITLE S ☐ DELETE

NAME BULL, K R
STREET ADDRESS 1001 WASHINGTON ST
CITY-ST-ZIP CONSHOHOCKEN PA 19428

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Murray, Martin J.
1.3 STREET ADDRESS 1001 Washington St
1.4 CITY-ST-ZIP Conshohocken Pa 19428

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Bell, Michael J.
2.3 STREET ADDRESS 35-F Two Pacific Place 88 Queensway
2.4 CITY-ST-ZIP Hong Kong

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 35-F Two Pacific Place 88 Queensway
4.4 CITY-ST-ZIP Hong Kong

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Chow, Shady
5.3 STREET ADDRESS 35-F Two Pacific Place 88 Queensway
5.4 CITY-ST-ZIP Hong Kong

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Bull, Kenneth R
6.3 STREET ADDRESS 1001 Washington St
6.4 CITY-ST-ZIP Conshohocken Pa 19428

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)