FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 10:56

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P40314 (7)

1. Corporation Name

ANDESA TPA, INC.

Principal Place of Business	Mailing Address
1605 N. CEDAR CREST BLVD. STE. 502 ALLENTOWN PA 18104 US	1605 N. CEDAR CREST BLVD. STE. 502 ALLENTOWN PA 18104 US

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-2545253 — ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WALKER, JOHN E.	1.2 NAME	John E. Walker	
STREET ADDRESS	2068 JOHNSTON DRIVE	1.3 STREET ADDRESS	27175 Oakwood Lake Drive	
CITY-ST-ZIP	BETHLEHEM PA	1.4 CITY-ST-ZIP	Bonita Springs FL 33923	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BRIGGS, MALCOLM N.	2.2 NAME	Malcolm N. Briggs	
STREET ADDRESS	7926 WOODSBLUFF RUN	2.3 STREET ADDRESS	1717 Wildberry Road	
CITY-ST-ZIP	FOGELSVILLE PA	2.4 CITY-ST-ZIP	Bethlehem PA 18015	
TITLE	DS	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	SNYDER, HOWARD E.	3.2 NAME	David R. Bridges	
STREET ADDRESS	2008 HIGHLAND ST.	3.3 STREET ADDRESS	6710 Mountain Road	
CITY-ST-ZIP	ALLENTOWN PA	3.4 CITY-ST-ZIP	Macungie PA 18062	
TITLE	VPTD	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	BOHLING, KIMBERLY S.	4.2 NAME	Steven J. Cochlan	
STREET ADDRESS	2690 MOUNTAIN VIEW CIR.	4.3 STREET ADDRESS	Suite 309.	
CITY-ST-ZIP	EMMAUS PA	4.4 CITY-ST-ZIP	Chicago IL 60610	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	TEASLEY, DONALD R	5.2 NAME		
STREET ADDRESS	5640 BROOKSTOWN	5.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	~~WAMBERG, W. T~~	6.2 NAME	Delete	
STREET ADDRESS	~~322 OAK KNOLL RD.~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~BARRINGTON HILLS FL~~	6.4 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 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: [signature] 610-821-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406308 FN