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 # **P40314** **(7)**

1. Corporation Name

ANDESA TPA, INC.

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

Mailing Address
1605 N. CEDAR CREST BLVD.
STE. 502
ALLENTOWN PA 18104
US

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WALKER, JOHN E.	
STREET ADDRESS	27175 OAKWOOD LAKE DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	☐ DELETE
NAME	BRIGGS, MALCOLM N.	
STREET ADDRESS	1717 WILDBERRY ROAD	
CITY-ST-ZIP	BETHLEHEM PA	
TITLE	DS	☐ DELETE
NAME	SNYDER, HOWARD E.	
STREET ADDRESS	2008 HIGHLAND ST.	
CITY-ST-ZIP	ALLENTOWN PA	
TITLE	VPTD	☐ DELETE
NAME	BOHLING, KIMBERLY S.	
STREET ADDRESS	2690 MOUNTAIN VIEW CIR.	
CITY-ST-ZIP	EMMAUS PA	
TITLE	D	☑ DELETE
NAME	TEASLEY, DONALD R	
STREET ADDRESS	5640 BROOKSTOWN	
CITY-ST-ZIP	DALLAS TX	
TITLE	VP	☐ DELETE
NAME	BRIDGES, DAVID R	
STREET ADDRESS	6710 MOUNTAIN ROAD	
CITY-ST-ZIP	MACUNGIE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	Steven J Cochlan	
5.3 STREET ADDRESS	1030 N. State St	
5.4 CITY-ST-ZIP	Chicago IL 60610	
6.1 TITLE	VPD	☑ Change ☐ Addition
6.2 NAME	Bridges, David R.	
6.3 STREET ADDRESS	6710 Mountain Rd	
6.4 CITY-ST-ZIP	Macungie PA 18062	

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-26-95 — Daytime Phone #: 610 821 8780

CR2E034 (12/95)