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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
1605 N. CEDAR CREST BLVD. STE. 502 ALLENTOWN PA 18104 US	1605 N. CEDAR CREST BLVD. STE. 502 ALLENTOWN PA 18104-2351 US

3. Date Incorporated or Qualified: 08/28/1992
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, JOHN E.		1.2 NAME	
STREET ADDRESS	27175 OAKWOOD LAKE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGS, MALCOLM N.		2.2 NAME	
STREET ADDRESS	1717 WILDBERRY ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHLEHEM PA		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, HOWARD E.		3.2 NAME	
STREET ADDRESS	2008 HIGHLAND ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENTOWN PA		3.4 CITY-ST-ZIP	
TITLE	VPTD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOHLING, KIMBERLY S.		4.2 NAME	
STREET ADDRESS	2690 MOUNTAIN VIEW CIR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	EMMAUS PA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN J. COCHLAN		5.2 NAME	
STREET ADDRESS	1030 N. STATE ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	
TITLE	VPD	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BRIDGES, DAVID R		6.2 NAME	
STREET ADDRESS	6710 MOUNTAIN ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	MACUNGIE PA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ Vice President + Treasurer 3/3/97 610-821-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496463