

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 # P40963 (1)

1. Corporation Name

HEXAM, INC.



Principal Place of Business

Mailing Address

C/O MEDIO INCORPORATED
ONE MEDIO PLAZA
PENNSAUKEN NJ 08110

C/O MEDIO INCORPORATED
ONE MEDIO PLAZA
PENNSAUKEN NJ 08110

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified

10/15/1992

3a. Date of Last Report

04/24/1995

4. FEI Number

22-3195061

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0532 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DEMSEY, ROBERT H.
12330 AVE. OF SCIENCE
SAN DIEGO CA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
JAMESON, PATRICIA L
ONE MEDIO PLAZA
PENNSAUKEN NJ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SCHLOSS, EUGENE M JR
1700 CARY ROAD
HUNTINGDON VALLEY PA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LAWLOR, MARK
1306-B SQUIRE DRIVE
AMBER PA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SANDLER, MICHAEL F.
13 CHRISTOPHER AVE.
KENDALL PARK NJ

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DA
FEDER, STEVEN J.
15 BAMBI LANE
HAVERFORD PA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
AS
EINHORN, ALAN S.
2806 SALEM DRIVE
CINNAMINSON, NJ 08077

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
S/D
☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
VP/D
☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
600001839856
-05/25/96-01002-007
***800-80 200.00
☐ Change ☐ Addition
5/1 32

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:

Michael F. Sandler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F. SANDLER

Date

Daytime Phone #

(609)665-9300

CR2E034 (12/95)