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

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1. Gorporation I		(5)		. I MANUELI III AILAR HIKU DA	
Principal Place o	of Busness	Mailing Address			
% TAX DEPT PO BOX 715 MECHANICSBURG PA 17055		% TAX DEPT PO BOX 715 MECHANICSBURG PA	17065	Date Incorporated or Qualifie	d 3a. Date of Last Report
US		US		10/19/1992	07/21/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6001	Indian School Road 26		ian School Roa	d 25-1692717	Not Applicable
Suite, Apl. #, 22	etc. 27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	·	City & State		Election Campaign Financing	
Zip San San S	uerque, NM 28 Country US 26	Zip	Country		for intangible tax under s 199.032,
87110	9. Name and Address of Current Reg	J	30 US		Yes No
	9. Name and Address of Current Reg	Jistereu Agent	81 Name	10. Name and Address of Nev	w Hegistered Agent
	ORPORATION SYSTEM			Address (P.O. Box Number is Not Accep	table)
	OUTH PINE ISLAND ROAD ATION FL 33324		83		
			84 City		85 Zip Code
tamiliar with SIGNATURE	the provisions of Sections 607.0502 and in agent, or both, in the State of Florida. Su, and accept the obligations of, Section 60	77.0505, Florida Statutes.			
12. ^S .	ignature, typed or printed name of registered agent and tile OFFICERS AND DIR		Registered Agent signature in		DEFICERS AND DIRECTORS IN 12
1016	P	X DELETE	1 1 TOTLE	CEO	Change X Addition
NAME	GRABKO, MICHAEL J.		1.2 NAME	Charles H. Gonzales	
STREET ACCRESS	%600 WILSON LANE		1.3 STREET ADDRESS	6001 Indian School Road	
CITY ST ZIP	MECHANICSBURG PA		14 CHY-ST-ZIP	Albuquerque, NM 87110	
TITLE	D	🖎 DELETE	2 1 TITLE	Director & E.V.P.	Change XX Addition
NAME	ORTENZIO, ROBERT A.		2 2 NAME	Neal M. Elliott	
STREET ADDRESS	%600 WILSON LANE		2 3 STREET ADDRESS	6001 Indian School Road	
CITY ST-ZIP	MECHANICSBURG PA V	DELETE	24 CITY - ST - 7IP 3 1 TITLE	Albuquerque, NM 87110	☐ Change ☐ Addition
NAME	TARVIN, MICHAEL E.		3.2 NAME		
STREET ADDRESS	%600 WILSON LANE		3.3 STREET ADDRESS		
CITY ST-ZIP	MECHANICSBURG PA		3.4 CITY-ST-ZIP		
TIFLE	VS	X DELETE	4 1 TITLE	V.P. & Secretary	Change X Addition
NAME	WELSH, DEBORAH MYERS		4.2 NAME	Scot Sauder	
STHEE! ADDRESS	%600 WILSON LANE		4.3 STREET ADDRESS	6001 Indian School Road	
CI^Y-S1-ZIP	MECHANICSBURG PA		4.4 CITY - ST - ZIP	Albuquerque, NM 87110	F3 06
111(.6	T	□X DEFE1E	5 1 TITLE	V.P. & Treasurer	☐ Change 反 Addition
NAME Cristia Augustica	LEHMAN, DENNIS		5.2 NAME	Ernest A. Schofield 6001 Indian School Road	
STREET ADDRESS	%600 WILSON LANE		5.3 STREET ADDRESS	Albuquerque, NM 87110	
CHY-ST-ZIP TRUE	MECHANICSBURG PA VPAT	XT DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE	V.P. & CFO	Change Addition
NAME	MOORE, KENNETH L.	- see	6.2 NAME	John E. Bauer	
STREET ADDRESS	%600 WILSON LANE		6 3 STREET ADDRESS	4283 South Stream Blvd.	
CITY - ST - ZIP	MECHANICSBURG PA		6 4 CITY - S1 - ZIP	Charlotte, NC 84717	
14. I do hereby	certify that the information supplied with the information indicated on this annual rep	nis filing is voluntarily furnis port or supplemental annui	hed and does not qua	alify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further the same legal effect as if made under

SIGNATURE: