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 #	P93000044319	(0)
1 Cornoration Name		

PR SHENANDOAH INC.

PH SHENANDUAH INC.		
Principal Place of Business	Mailing Address) 16011001 (16 18100 till) obtit dein dent batt bibn draad inne Hote san inst
455 PENNSYLVANIA AVE SUITE 135 ET MAGNINACTON DA 19924	455 PENNSYLVANIA AVE SUITE 135 ET WASHINGTON DA 19734	

						1101/10111111111111111111111111111111			AR HAND NO 12 18 8 1
Principal Place o	of Business	Mailing Address				7 10011001 110 10100 (1111 08)11 91		1911 41449 1111) - M #18 FB11 FBB1
455 PENNSYL	VANIA AVE	455 PENNSYLVANIA	AVE						
SUITE 135		SUITE 135	40004						
FT WASHINGTON PA 19034		FT WASHINGTON PA	FT WASHINGTON PA 19034			3. Date Incorporated or Qualified	3a. Date	e of Last Re	port
						06/23/1993	1	05/01/19	95
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		F	Applied For
21		26				23-2732078			Vot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27						Fee F	Required
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zıp	Country	Zip	Countr	y		8. This corporation has liability for Florida Statutes	r intangibie ti is ⊠ No	ax under s	199.032,
24	9. Name and Address of Cur	29	30			10. Name and Address of New		Agent	
	g, Isame and Address of Cur	tent negisteren Agent	8	Nan	ne	10. Hante and reduced of flore			
	FAITIOF 11411 - AAAAAA	N OVOTEN INO	L						
	ENTICE-HALL CORPORATION	N SYSTEM, INC.	8:	2 Stre	et Addre	ess (P.O. Box Number is Not Accepta	ible)		
	AYS STREET		8:	3					
SUITE 1				1				,	
IALLAIL	ASSEE FL 32301		8-	City			FI	85 Zip	p Code
11 Durayant to	the excitaions of Sections 607.0	502 and 607 1508. Florida Statu	tes the above	-named	1 comors	ation submits this statement for the p	urpose of ch	anging its r	egistered office
or registers	ed agent, or both, in the State of F	lorida. Such chance was aufhori	ized by the cos	poratio	n's board	d of directors. Thereby accept the ap	pointment a	s registered	agent. I am
tamiliar with	n, and accept the obligations of, S	section 607.0505, Fibrida Statute	# S.						
SIGNATURE _	Signature, typed or printed name of registered a	contand the hardicaper (N	NOTE: Registered Ag	ent signat	are required	when relies aregi	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN	O DIRECTO	RS IN 12
TITLE	D	X DELETE	1 1 TITL					Change	☐ Addition
NAME	COHEN, SYLVAN M		1.2 NAM		S	vlvan M. Cohen, Esquire			
STREET ADDRESS	12 S. 12TH ST., 22ND FI	LOOR	1.3 STRE	et addre		Drinker Biddle & Reath	ł		
CITY-ST-ZIP	PHILADELPHIA PA		1.4 CITY	S1-21P			_	-	
TITLE	D	☐ DELETE	2 1 1111	E		345 Chestriot Street	elete	e	☐ Addition
NAME	rogers, robert G -	President	2 2 NAM	2 2 NAME		Philadelphia, PA 19107-34	96		
STREET ADDRESS	445 PENNSYLVANIA AVE		2 3 STRE	ET ADDRÉ	:SS	-maderpma, 1 A 3707-54	,,		
CITY-ST-ZIP	FORT WASHINGTON PA		2 4 CITY			57			Total tradition
TITLE	D	☐ DELETE	3 1 THTU			Director		☐ Change	Addition
NAME	MASSIMINI, DANTE J _	Vice President	3.2 NAM			Jeffrey A. Linn			
STREET AOORESS	455 PENNSYLVANIA AVE			RDDA TE		455 Pennsylvania Av			
CITY-ST-ZIP	FORT WASHINGTON PA	□ orete	3.4 CHTY		-	Fort Washington PA	19034	Change	Addition
TITLE		DELETE	4.1 TITE			Jonathan B. Weller	Dire	_	7 Addition
NAME			4.2 NAM		rce	455 Pennsylvania A			
STREET ADDRESS				ET ADDRI	:55	Fort Washington, F			
CITY-SI-Z-P		DELETE	5 1 TITU	- ST- ZIP	-	FOLL WASHINGTON, P	T 1202	Change	Addition
TITLE		[] beer te	5 2 NAM						
NAME OZOSSZ ADDDSOS				ET ADORI	155				
STREET ADDRESS									
CITY-ST-ZIP TITLE		DELETE	6 1 Till	- ST-ZIP F	+			Change	Addition
IIILE		LJ becell	5 2 NA					~	_

CITY-ST-ZIP 14. To 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 cath; 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.

6.3 STREET ADDRESS

SIGNATURE: 🚽

STREET ADDRESS

3-18-96 215-542-4182