

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA R. SAWYER
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000056391 (3)

1. Corporation Name

SLT TRADING CORPORATION

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1102 N. GADSDEN STREET
TALLAHASSEE FL 32303**

Mailing Address

**1102 N. GADSDEN STREET
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

3a. Date of Last Report

N/A

4. FEI Number

59-3262704

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Filing Contribution

☐

**\$5.00 May Be
Added to Fees**

6. This Corporation has liability for inflicting tax under G 120.002,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

State, Apt. # or

22

City & State

23

Zip

25

2a. Mailing Address

26

State, Apt. # or

27

City & State

28

Zip

30

9. Name and Address of Current Registered Agent

**SIMPSON, LARRY D
1102 N. GADSDEN STREET
TALLAHASSEE FL 32303**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent, Officer, or Director who is registered agent for the corporation

Signature of New Agent, Officer, or Director who is registered agent for the corporation

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY & STATE

12.2

NAME

STREET ADDRESS

CITY & STATE

12.3

NAME

STREET ADDRESS

CITY & STATE

12.4

NAME

STREET ADDRESS

CITY & STATE

12.5

NAME

STREET ADDRESS

CITY & STATE

12.6

NAME

STREET ADDRESS

CITY & STATE

12.7

NAME

STREET ADDRESS

CITY & STATE

12.8

NAME

STREET ADDRESS

CITY & STATE

12.9

NAME

STREET ADDRESS

CITY & STATE

12.10

NAME

STREET ADDRESS

CITY & STATE

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

13.1

NAME

STREET ADDRESS

CITY & STATE

13.2

NAME

STREET ADDRESS

CITY & STATE

13.3

NAME

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CITY & STATE

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NAME

STREET ADDRESS

CITY & STATE

13.10

NAME

STREET ADDRESS

CITY & STATE

P/T/D

Stanton L. Triester

111 Presidential Blvd., Suite 230

Bala Cynwyd, PA 19004

VP/D

Sonia C. Triester

35 Kings Highway East, Suite 112

Haddonfield, NJ 08033

S/D

Jean Norsworthy

111 Presidential Blvd., Suite 230

Bala Cynwyd, PA 19004

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information submitted 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attached sheet with an address.

SIGNATURE:

Jean Norsworthy

Jean Norsworthy,

Secretary

3/6/95

(610) 667-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR