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 # P95000030730

1. Corporation Name
CHADDS FORD DEVELOPMENT COMPANY, INC.

Principal Place of Business / Mailing Address
223 WILMINGTON WEST CHESTER PIKE
CHADDS FORD, PA 19317 ~~P.O. BOX 467 CONCORDVILLE, PA 19331~~

3. Date Incorporated or Qualified: 04/19/1995
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26): 215 N. Eola Drive

4. FEI Number: 23-2805825 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28): Orlando, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24):
Country (25):
Zip (29): 32801
Country (30): Orange

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BALLETTA, JAMES
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

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	D ☐ DELETE	1 1 TITLE	P ☐ Change ☒ Addition
NAME	SPANO, THOMAS V.	1 2 NAME	SPANO, THOMAS V.
STREET ADDRESS	223 WILMINGTON W. CHESTER PIKE	1 3 STREET ADDRESS	223 WILMINGTON W. CHESTER PIKE
CITY-ST-ZIP	CHADDS FORD, PA 19317	1 4 CITY-ST-ZIP	CHADDS FORD, PA 19317
TITLE	☐ DELETE	2 1 TITLE	S/T ☐ Change ☒ Addition
NAME		2 2 NAME	MARRA, NANCY
STREET ADDRESS		2 3 STREET ADDRESS	223 WILMINGTON W. CHESTER PIKE
CITY-ST-ZIP		2 4 CITY-ST-ZIP	CHADDS FORD, PA 19317
TITLE	☐ DELETE	3 1 TITLE	VP ☐ Change ☒ Addition
NAME		3 2 NAME	BALLETTA, JAMES
STREET ADDRESS		3 3 STREET ADDRESS	215 N. EOLA DRIVE
CITY-ST-ZIP		3 4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	100001793781 -04/25/96--01014--007 ***200.00
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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: _____ (610)558-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas V. Spano, President
SCF 4-24-96