

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856236 (5)

1. Corporation Name
THE BALLINGER COMPANY



Principal Place of Business: 2005 MARKET ST SUITE 1500 PHILADELPHIA PA 19103-7088
Mailing Address: 2005 MARKET ST SUITE 1500 PHILADELPHIA PA 19103-7088

3. Date Incorporated or Qualified: 04/25/1983
3a. Date of Last Report: 08/11/1995
4. FEI Number: 23-1713492
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

2. Principal Place of Business: 21 []
22 [] Suite, Apt. #, etc.
23 [] City & State
24 [] Zip 25 [] Country
2a. Mailing Address: 26 []
27 [] Suite, Apt. #, etc.
28 [] City & State
29 [] Zip 30 [] Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: []

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, WILLIAM R.	
STREET ADDRESS	2005 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-7088	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAKMAUH, EDWARD	
STREET ADDRESS	2005 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-7088	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FRENCH, JEFFREY S.	
STREET ADDRESS	2005 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-7088	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIEDAN, JONATHAN	
STREET ADDRESS	2005 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-7088	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEELMAN, TERRY D	
STREET ADDRESS	2005 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103-7088	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: [Signature] (JEFFREY S. FRENCH) 4-29-96 (215) 665-0900
DATE: [] DAYTIME PHONE: []

CR2E034 (12/95)