

8-26-97 B 8246 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006283 (3)
 1. Corporation Name
PARTNERS GROUP FINANCIAL, LTD. INC.



Principal Place of Business 1018 BETHLEHEM PIKE PO BOX 73 SPRING HOUSE PA 19477	Mailing Address 1018 BETHLEHEM PIKE PO BOX 73 SPRING HOUSE PA 19477
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1996		3a. Date of Last Report	
2. Principal Place of Business 21 748 NORTH BETHLEHEM PIKE	2a. Mailing Address 26 P.O. Box 73	4. FEI Number 23-2789742	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc. SUITE 204	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State SPRINGHOUSE, PA.	28 City & State SPRINGHOUSE PA.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 19477	25 Country USA	29 Zip PA 19477	30 Country USA
7. Name and Address of Current Registered Agent LEPO-MCATER, CHRISTINE M 5069 SIESTA DEL RIO DR. JACKSONVILLE FL 32258		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEPO-MCATER, CHRISTINE M 5069 SIESTA DEL RIO DR. JACKSONVILLE FL 32258		81 Name	10. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILBERTI, DOMINIC C	1.2 NAME	
STREET ADDRESS	203 SOUTH SCHOOL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUDERTON PA 18964	1.4 CITY-ST-ZIP	
TITLE	VVCS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOROSO, JOSEPH F	2.2 NAME	
STREET ADDRESS	407W FREEDLEY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORRISTOWN PA 18964	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dominic C. Chilberti* **DOMINIC C. CHILBERTI, JR** 8-19-97 215-646-8512

CR2E034 (4/97)