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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F97000000920 (5)**

1. Corporation Name
BRANDYWINE ACQUISITION & DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
PO BOX 999 CHADDS FORD PA 19317	PO BOX 999 CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1997

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

4. FEI Number: 23-2472594 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, BRUCE E		1.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GIOVINCO, PHILLIP C		2.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GAYNOR, JOSEPH W		3.2 NAME	
STREET ADDRESS	2637 MCCORMICK DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHERRY, KEITH		4.2 NAME	
STREET ADDRESS	397 WEKIVA SPRINGS ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CITY-ST-ZIP	
TITLE	CFOV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, DENISE M		5.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 13917		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, ELAINE		6.2 NAME	
STREET ADDRESS	2 POND'S EDGE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 13917		6.4 CITY-ST-ZIP	

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14. I 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: Bruce E Moore APR 21 1998 (610) 388-9600