

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 9: 57

DOCUMENT # P05132 (6)

1. Corporation Name
RADNOR/COOPER CITY CORPORATION

Principal Place of Business Mailing Address
1001 MARKET S 1801 MARKET ST
PHILADELPHIA PA 19103 PHILADELPHIA PA 19103
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/26/1985 3a. Date of Last Report 03/15/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		23-2356141		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		5.00 May Be Added to Fees	
23		28		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Zip		Country		Country	
24		25		29		30	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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			
				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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGUS, M.H.R.	1.2 NAME	
STREET ADDRESS	1801 MARKET ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBURN, S.H.	2.2 NAME	
STREET ADDRESS	501 N AIA	2.3 STREET ADDRESS	
CITY- ST- ZIP	JUPITER FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHOLLAND, P.A.	3.2 NAME	
STREET ADDRESS	1801 MARKET ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNLIE, THOMAS J	4.2 NAME	
STREET ADDRESS	1801 MARKET ST	4.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	4.4 CITY- ST- ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZILIER, G.J.	5.2 NAME	
STREET ADDRESS	1801 MARKET ST	5.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	5.4 CITY- ST- ZIP	
TITLE	Y	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, P. M	6.2 NAME	
STREET ADDRESS	1801 MARKET ST	6.3 STREET ADDRESS	
CITY- ST- ZIP	PHILADELPHIA PA	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 110.07(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 checked, or on an attachment with an address.

SIGNATURE: Thomas Brownlie Jr. THOMAS BROWNLIE, JR. FEB. 2, 1995 215-977-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Area #)