

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
4. FEI Number 23-2356141 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 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 changed, 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 #)