

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 # **P06831** (2)

1. Corporation Name
RADNOR/COLLIER CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1801 MARKET ST. PHILADELPHIA PA 19103 US		Mailing Address 1801 MARKET ST. PHILADELPHIA PA 19103 US		3. Date Incorporated or Qualified 07/23/1985	3a. Date of Last Report 04/18/1994
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 23-2353633	Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 _____ DATE _____
(Signature typed in printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME DINGUS, M.H.R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1801 MARKET ST.	CITY-ST-ZIP PHILADELPHIA PA	1.2 NAME	
TITLE VD	NAME SZILIER, G. J	1.3 STREET ADDRESS	
STREET ADDRESS 1801 MARKET ST.	CITY-ST-ZIP PHILADELPHIA PA	1.4 CITY-ST-ZIP	
TITLE VD	NAME MULHOLLAND, P.A.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1801 MARKET ST.	CITY-ST-ZIP PHILADELPHIA PA	2.2 NAME	
TITLE S	NAME BROWNLIE, THOMAS J	2.3 STREET ADDRESS	
STREET ADDRESS 1801 MARKET ST.	CITY-ST-ZIP PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE T	NAME JONES, P. M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1801 MARKET ST.	CITY-ST-ZIP PHILADELPHIA PA	3.2 NAME	
TITLE P	NAME OSBURN, S. H	3.3 STREET ADDRESS	
STREET ADDRESS 501 NORTH A1A	CITY-ST-ZIP JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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)(b), 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 of this document, 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 District/County