

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 24 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 # P08729 (6)

1. Corporation Name
1717 ADVISORY SERVICES, INC.



Principal Place of Business 1050 WESTLAKES DR. WESTLAKES DR. PA 19312	Mailing Address P O BOX 7378 PHILADELPHIA PA 19101-7378 US
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3. Date Incorporated or Qualified 01/10/1986	3a. Date of Last Report 03/19/1996
4. FEI Number 23-2326859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 1717
22 City & State	27 Valley Forge, PA
23 Zip	28 19482
24 Country	30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AVOLA, LOUIS A		1.2 NAME	Vice President
STREET ADDRESS 1800 MARKET ST		1.3 STREET ADDRESS	220 Continental Drive
CITY-ST-ZIP PHILADELPHIA PA		1.4 CITY-ST-ZIP	Newark, DE 19713
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GATTA, ROSANNE		2.2 NAME	
STREET ADDRESS 1800 MARKET STREET		2.3 STREET ADDRESS	1205 Westlakes Drive
CITY-ST-ZIP PHILADELPHIA PA		2.4 CITY-ST-ZIP	Berwyn, PA 19312
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REIHL, LANE R		3.2 NAME	Reihl, Lance
STREET ADDRESS 1800 MARKET ST		3.3 STREET ADDRESS	220 Continental Drive
CITY-ST-ZIP PHILADELPHIA PA		3.4 CITY-ST-ZIP	Newark, DE 19713
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, ROBERT S		4.2 NAME	Financial Officer
STREET ADDRESS 1800 MARKET ST		4.3 STREET ADDRESS	Anthony Mastromelo
CITY-ST-ZIP PHILADELPHIA PA		4.4 CITY-ST-ZIP	1050 Westlakes Drive
TITLE C	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLOSS, ROBERT W.		5.2 NAME	Klass, Robert
STREET ADDRESS 185 COUNTRY LANE		5.3 STREET ADDRESS	185 Country Lane
CITY-ST-ZIP PHOENIXVILLE PA 19460		5.4 CITY-ST-ZIP	Phoenixville, PA 19460
TITLE S	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SENKER, LINDA E		6.2 NAME	Secretary
STREET ADDRESS 1800 MARKET ST		6.3 STREET ADDRESS	Adam Sacramella
CITY-ST-ZIP PHILADELPHIA PA		6.4 CITY-ST-ZIP	1050 Westlakes Drive

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: *[Signature]* DATE: **4/11/97**

CFR2E034 (9/96)