

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

**FILED**  
**Apr 22 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P16815 (3)**

1. Corporation Name  
**RADNOR/ARGYLE CORPORATION**



Principal Place of Business <b>1801 MARKET ST                  PHILADELPHIA PA 19103                  US</b>	Mailing Address <b>1801 MARKET ST                  PHILADELPHIA PA 19103-1628                  US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/16/1987</b>	3a. Date of Last Report <b>04/10/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>23-2483551</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. 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	
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. Zip Code	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR/PRESIDENT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DINGUS, M.H.R.</b>	1.2 NAME	<b>OSBURN, S.H.</b>
STREET ADDRESS	<b>1801 MARKET ST</b>	1.3 STREET ADDRESS	<b>1801 MARKET ST.</b>
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	1.4 CITY - ST - ZIP	<b>PHILADELPHIA PA. 19103</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWNLIE, THOMAS, JR.</b>	2.2 NAME	
STREET ADDRESS	<b>1801 MARKET ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SZILIER, G.J.</b>	3.2 NAME	
STREET ADDRESS	<b>1801 MARKET S</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSBURN, S. H</b>	4.2 NAME	
STREET ADDRESS	<b>501 N AIA</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULHOLLAND, P.A.</b>	5.2 NAME	
STREET ADDRESS	<b>1801 MARKET ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, P. M</b>	6.2 NAME	
STREET ADDRESS	<b>1801 MARKET ST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PHILADELPHIA PA</b>	6.4 CITY - ST - ZIP	

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: Thomas Brownlie APRIL 2 1997 215-977-6236  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREE034 (9/96)