

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16815 (3)

1. Corporation Name
RADNOR/ARGYLE 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
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3. Date Incorporated or Qualified 11/16/1987	
4. FEI Number 23-2483551	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

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. City	
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 reinstating) DATE _____

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

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14. I 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: Alex C. Gerner Secretary 2/5/98 215-977-6644

CR2E034 (10/97)