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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P16815
 1. Corporation Name
RADNOR/ARGYLE CORPORATION

Principal Place of Business: 1801 MARKET ST PHILADELPHIA PA 19103 US
 Mailing Address: 1801 MARKET ST PHILADELPHIA PA 19103 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 11/16/1987
 4. FEI Number: 23-2483551
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes 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 (81-85)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S GERNER, E.C.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 MARKET ST PHILADELPHIA PA 19103	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V HANISH, R.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 MARKET ST PHILADELPHIA PA 19103	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD MULHOLLAND, P.A.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 MARKET ST PHILADELPHIA PA 19103	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD JONES, P. M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1801 MARKET ST PHILADELPHIA PA 19103	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ASSISTANT SECRETARY JUDITH A. FRISCH
STREET ADDRESS		5.3 STREET ADDRESS	1801 MARKET STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ASSISTANT SECRETARY & ASSISTANT TREASURER JOHN J. McKEELEN
STREET ADDRESS		6.3 STREET ADDRESS	1801 MARKET STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PHILADELPHIA, PA 19103

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, with all other like empowered.

SIGNATURE: Eric G. Gerner ERIC G GERNER, Secretary 2/18/99 215-977-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)