

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
--	---	---

DOCUMENT # P18753 (4)

1. Corporation Name
RADNOR/LAKESIDE 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

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3 Date Incorporated or Qualified 04/08/1988	
4 FEI Number 23-2505236	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	

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
84 City
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	NAME OSBURN, S. H.	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 1801 MARKET ST	CITY-ST-ZIP PHILADELPHIA PA		
TITLE S	NAME BROWNLIE, THOMAS	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 1801 MARKET ST	CITY-ST-ZIP PHILADELPHIA PA		
TITLE P	NAME OSBURN, S H	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 501 NORTH A1A	CITY-ST-ZIP JUPITER FL		
TITLE VD	NAME MULHOLLAND, P A	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 1801 MARKET ST	CITY-ST-ZIP PHILADELPHIA PA		
TITLE T	NAME JONES, P M	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 1801 MARKET ST	CITY-ST-ZIP PHILADELPHIA PA		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	CITY-ST-ZIP		

1.1 TITLE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME P.A. MULHOLLAND	
1.3 STREET ADDRESS 1801 MARKET STREET	
1.4 CITY-ST-ZIP PHILADELPHIA, PA 19103	
2.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME E.C. GERNER	
2.3 STREET ADDRESS 1801 MARKET STREET	
2.4 CITY-ST-ZIP PHILADELPHIA, PA 19103	
3.1 TITLE TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME P.M. JONES	
3.3 STREET ADDRESS 1801 MARKET ST.	
3.4 CITY-ST-ZIP PHILADELPHIA, PA 19103	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS 600002472926	
6.4 CITY-ST-ZIP -03/31/98--01019--004	

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.

CP2E034 (10/97)

Handwritten signatures and notes at the bottom of the page.