

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 10:10

DOCUMENT # **P23937** (6)

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

Principal Place of Business <b>1801 MARKET ST. PHILADELPHIA PA 19103 US</b>	Mailing Address <b>1801 MARKET ST. PHILADELPHIA PA 19103 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/18/1989</b>	3a. Date of Last Report <b>07/06/1994</b>
4. FEI Number <b>23-2556298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Deared <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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 Country	28 Zip Country
24 Zip	25 Country
29 Zip	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
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 registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DINGUS, M.H.R.</b>
STREET ADDRESS	<b>1801 MARKET ST. PHILADELPHIA PA</b>
CITY, ST, ZIP	
TITLE	<b>VD</b>
NAME	<b>SZILIER, G.J.</b>
STREET ADDRESS	<b>1801 MARKET ST. PHILADELPHIA PA</b>
CITY, ST, ZIP	
TITLE	<b>P</b>
NAME	<b>OSBURN, S.H.</b>
STREET ADDRESS	<b>1801 MARKET ST. PHILADELPHIA PA</b>
CITY, ST, ZIP	
TITLE	<b>VD</b>
NAME	<b>MULHOLLAND, P.A.</b>
STREET ADDRESS	<b>1801 MARKET ST. PHILADELPHIA PA</b>
CITY, ST, ZIP	
TITLE	<b>S</b>
NAME	<b>BROWNLIE JR., THOMAS</b>
STREET ADDRESS	<b>1801 MARKET ST. PHILADELPHIA PA</b>
CITY, ST, ZIP	
TITLE	<b>T</b>
NAME	<b>JONES, P.M.</b>
STREET ADDRESS	<b>1801 MARKET ST. PHILADELPHIA PA</b>
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>OSBURN, S.H.</b>
3.3 STREET ADDRESS	<b>501 N. A1A JUPITER, FLORIDA</b>
3.4 CITY - ST - ZIP	
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	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), 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 on the register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears on Block 12 or 13 or 14 of this report, or on an attachment with an address.

SIGNATURE: *Thomas Brownlie Jr.* **THOMAS BROWNLIE, JR.** **FEB. 2 1995** **215-977-6236**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Initials/Phone #)