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STATE FLORIDA

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CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 SANDRA B. MONTAG
 Secretary of State
 DIVISION FOR CORPORATIONS

DOCUMENT # **P35192** (4)
 1. Corporation Name
MAINSERV-ALLENTech, INC.

Principal Place of Business: **206 HANSEN COURT NEWARK, DEALWARE 19713**
 Mailing Address: **206 HANSEN COURT NEWARK, DEALWARE 19713**

(Do not write in this space)

2. Filing Date of Insurance	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/22/1991	05/01/1994
State Act # etc	State Act # etc	4. FEI Number	Applied For / Not Applicable
22	27	51-0296805	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
City	City	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		6. This corporation has authority for interstate tax under Florida Statute	<input 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
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 FL B5 Zip Code

11. I, Manager or the principal officer of the corporation, certify that the above named corporation submits the statement for the purpose of changing its registered office or registered agent, and that the state of Florida is authorized to suspend the corporation's board of directors, officers, or agent for appointment as registered agent, if any, under the provisions of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND DIRECTORS	
NAME	PCD HAMMOND, JAMES D. 314 DOVE DRIVE NEWARK DE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	V LEH, DOUGLAS P. 4804 HILLSIDE ROAD NORTHAMPTON PA	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP	S BUHLER, JAMES W. 9 MONTEGUE RD. NEWARK DE	CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE, ZIP		CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

206 Hansen Court
 Newark, DE 19713

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemptions stated in Section 190.01, Florida Statutes. I further certify that the information is stated on the annual report or required annual report, 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 manager or trustee empowered to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an affidavit with an address.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR