

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin  
Secretary of State  
DIVISION OF 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**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **08/22/1991** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **51-0296805** Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  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 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 607.2002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) to be in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby I accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> OFFICER
NAME	HAMMOND, JAMES D.	
STREET ADDRESS	206 HANSEN COURT	
CITY-STATE-ZIP	NEWARK DE	
TITLE	V	<input type="checkbox"/> OFFICER
NAME	LEH, DOUGLAS P.	
STREET ADDRESS	4804 HILLSIDE ROAD	
CITY-STATE-ZIP	NORTHAMPTON PA	
TITLE	S	<input type="checkbox"/> OFFICER
NAME	BUHLER, JAMES W.	
STREET ADDRESS	9 MONTEGU RD.	
CITY-STATE-ZIP	NEWARK DE	
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is true, correct and does not omit any fact or exemption stated in Section 119.073, Florida Statutes. I further certify that the information made for this filing in respect of supplemental annual report is true and correct 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 registered agent for the corporation for the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or otherwise listed in other additions.

SIGNATURE: *James W. Buhler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 (302)453-8300

CR2E034 (12/95)