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FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36760 (7)
1. Corporation Name
MACRO CORPORATION



Principal Place of Business: 700 BUSINESS CENTER DRIVE HORSHAM PA 19044
Mailing Address: 700 BUSINESS CENTER DRIVE HORSHAM PA 19044-3406

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FET Number: 23-1692340
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 [X]

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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	CFO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, EDWARD S	1.2 NAME	
STREET ADDRESS	971 BARNSWALLOW LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, JOHN K	2.2 NAME	
STREET ADDRESS	680 LANTERN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19422	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSITER, DANIEL H	3.2 NAME	
STREET ADDRESS	355 ASPETUCK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW MILFORD CT 06776	3.4 CITY-ST-ZIP	
TITLE	CEO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, BRADFORD W	4.2 NAME	
STREET ADDRESS	2634 ROUTE 212	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPERSBURG PA 18036	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOLNICK, SEYMOUR	5.2 NAME	
STREET ADDRESS	133 POLO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH WALES PA 19454	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Edward S. Cooper* EDWARD S. COOPER 3/3/97 215 647-2000

CR2E034 (9/96)