

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 07 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 # 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/20/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	23-1692340	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
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 type="checkbox"/> Yes <input type="checkbox"/> No					

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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, EDWARD S	
STREET ADDRESS	971 BARNSWALLOW LANE	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHANG, JOHN K	
STREET ADDRESS	680 LANTERN LANE	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSSITER, DANIEL H	
STREET ADDRESS	355 ASPETUCK ROAD	
CITY-ST-ZIP	NEW MILFORD CT 06776	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, BRADFORD W	
STREET ADDRESS	2834 ROUTE 212	
CITY-ST-ZIP	COOPERSBURG PA 18036	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SKOLNICK, SEYMOUR	
STREET ADDRESS	133 POLO DRIVE	
CITY-ST-ZIP	NORTH WALES PA 19454	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Menno de Vries	
1.3 STREET ADDRESS	Utrechtseweg 310, 6800 ET Arnhem	
1.4 CITY-ST-ZIP	The Netherlands	
2.1 TITLE	CEO/Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herman Amelink	
2.3 STREET ADDRESS	4400 Fairlakes Ct Ste 101	
2.4 CITY-ST-ZIP	Fairfax, VA 22033	
3.1 TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ed Schless	
3.3 STREET ADDRESS	Utrechtseweg 310, 6800 ET Arnhem	
3.4 CITY-ST-ZIP	The Netherlands	
4.1 TITLE	Manager	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Guus Vermissen	
4.3 STREET ADDRESS	Utrechtseweg 310, 6800 ET Arnhem	
4.4 CITY-ST-ZIP	The Netherlands	
5.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	George J. Peterman	
5.3 STREET ADDRESS	588 W. Prospect Avenue	
5.4 CITY-ST-ZIP	North Wales, PA 19454	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Fred J. Martino	
6.3 STREET ADDRESS	798 Quarry Road	
6.4 CITY-ST-ZIP	Harleysville, PA 19438	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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 amendment with an address.

SIGNATURE: *George J. Peterman* GEORGE J. PETERMAN, EXECUTIVE VICE PRESIDENT 3/17/98

SIGNATURE AND TITLE OF OUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007442

CR2E034 (10/97)