

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

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90148 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P36760

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		26		12/20/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-1692340	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				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	
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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VRIES, MENNO	1.2 NAME	
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEIM	1.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS EU 19006	1.4 CITY-ST-ZIP	
TITLE	CEOS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMELINK, HERMAN	2.2 NAME	
STREET ADDRESS	4400 FAIRLAKES CT SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	2.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESS, ED	3.2 NAME	
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEM	3.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS EU 06776	3.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERMISSEN, GUUS	4.2 NAME	
STREET ADDRESS	UTRECHTSEWEG 310 , 6800 ET ARNHEM	4.3 STREET ADDRESS	
CITY-ST-ZIP	THE NETHERLANDS EU 18036	4.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERMAN, GEORGE J	5.2 NAME	
STREET ADDRESS	588 W PROSPECT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO WALES PA 19454	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINO, FRED J	6.2 NAME	
STREET ADDRESS	798 QUARRY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARLEYSVILLE PA 19438	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Richard A. Newcomer 4/30/99 703-631-6912
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)