

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

**FILED**  
**Apr 29 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 # P38882 (7)**  
 1. Corporation Name  
**AGCA, INC.**



Principal Place of Business  
**3 FRIENDS LANE, SUITE 200  
 NEWTON PA 18940-3427  
 US**

Mailing Address  
**400 OYSTER POINT BOULEVARD  
 SUITE 306  
 SOUTH SAN FRANCISCO CA 94080  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

3. Date Incorporated or Qualified  
**05/20/1992**

4. FEI Number  
**23-2204318**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**C T 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

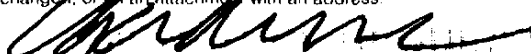
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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		
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINGS, ANDREW M	
STREET ADDRESS	ONE MAYNARD DR	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	HALPER, ARTHUR H.	
STREET ADDRESS	1 MAYNARD DR.	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	LENAHAN, MICHAEL G	
STREET ADDRESS	ONE MAYNARD DR	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SURLES, RICHARD C	
STREET ADDRESS	ONE MAYNARD DR	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WAXMAN, ALBERT S., PH.D.	
STREET ADDRESS	ONE MAYNARD DR	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAZAROFF, DENNIS J	
STREET ADDRESS	13736 RIVERPORT DR, SUITE 400	
CITY-ST-ZIP	MARYLAND HEIGHTS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SURLES, RICHARD C.	
1.3 STREET ADDRESS	ONE MAYNARD DRIVE	
1.4 CITY-ST-ZIP	PARK RIDGE NJ 07656	
2.1 TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SANFORD, CHARLOTTE A.	
2.3 STREET ADDRESS	3414 PEACHTREE RD, NE, STE 1400	
2.4 CITY-ST-ZIP	ATLANTA GA 30326	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CUMMINGS, ANDREW M.	
3.3 STREET ADDRESS	ONE MAYNARD DRIVE	
3.4 CITY-ST-ZIP	PARK RIDGE NJ 07656	
4.1 TITLE	D/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEDENBAUGH, JAMES R.	
4.3 STREET ADDRESS	3414 PEACHTREE RD, NE	
4.4 CITY-ST-ZIP	ATLANTA GA 30326	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FUZZELL, CHERIE	
5.3 STREET ADDRESS	3414 PEACHTREE RD, NE, STE 1400	
5.4 CITY-ST-ZIP	ATLANTA GA 30326	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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; that I am 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 in an attachment with an address.

SIGNATURE:  **CHARLOTTE A. SANFORD**  
 VICE PRESIDENT 4/19/98 (404) 814-9200

CR2E034 (10/97)

**AGCA, Inc.**

**ADDITIONAL OFFICERS**

**Edward J. Christie                      Senior Vice President Mid-Atlantic Region**  
**Business:**    3 Friends Lane, Suite 200, Newtown, PA 18940

**Wayne E. Feest                              Senior Vice President Central Region**  
**Business:**    3850 Priority Way South Drive, Suite 200, Indianapolis, IN 46250

**Joel Kostin                                  Senior Vice President Southeast Region**  
**Business:**    3000 Aerial Center Parkway, Suite 120, Morrisville, NC 27560

**Stephen N. Lawrence                      Senior Vice President Northeast Region**  
**Business:**    One Maynard Drive, Park Ridge, NJ 07656

**Lisa M. Suennen                              Senior Vice President Pacific Region**  
**Business:**    400 Oyster Point Boulevard, Suite 306, So. San Francisco, CA 94080

**Jim Van Halderen                          Senior Vice President Western Region**  
**Business:**    One Maynard Drive, Park Ridge, NJ 07656

**Dennis P. Moody                          Vice President**  
**Business:**    13736 Riverport Drive, Suite 400, Maryland Heights, MO 63043

**Michelle H. Ancosky                      Assistant Secretary**  
**Business:**    3414 Peachtree Road, NE, Suite 1400, Atlanta, GA 30326

**Marian Lang                                  Assistant Secretary**  
**Business:**    3414 Peachtree Road, NE, Suite 1400, Atlanta, GA 30326