Return to: SECRETARY OF STATE 700 WEST JEFFERSON RESIDENTIAL WARRANTY CORPORA 1. Mailing Address - Please Correct, If Not Correct 300 N 6TH ST RESIDENTIAL WARRANTY CORPORA	No. C114762	Annual Report Form Due No Later Than November 30.	1975	2. Registered Agent	and Office NC	T A P.O. BOX
BOISE, ID 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * HARRISBURG PA 17111 3598 NV C114752 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address* PRESIDENT GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17111 DIRECTOR GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17011 DIRECTOR GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17111 DIRECTOR GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17111 DIRECTOR JOHN SCHILLING 5912 PALMER DRIVE HARRISBURG PA 17112 5912 PALMER DRIVE HARRISBURG PA 17112 SGINATURE OF BUSINESS ADMINISTRATOR 10 YEAR HOME Signature Corporate and complete Signature Marrisburg Date 7/17/96 NATURE OF BUSINESS ADMINISTRATOR 10 YEAR HOME Signature Thomas m. Thomas Title Corporates Name (Typen) Thomas m. Thomas Title Corporates Name (Typen) Thomas m. Thomas Title Corporates	SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct		CT CORP 300 V 6T	н ѕт	
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4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address City State Zip PRESIDENT GEORGE A. PARMER 911 GROVE ROAD HARRISBURG RA 17111 DIRECTOR GEORGE A. PARMER DIRECTOR GEORGE A. PARMER DIRECTOR KATHLEEN D. TOLEY DIRECTOR JOHN SCHILLING 6. I Certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and completes NATURE OF BUSINESS ADMINISTRATOR 10 YEAR HOME ANY LANGUE WARRANTES Name Printed Thomas m. Thomas Title Conforces	NO FEE REQUIRED	Jood Jean, J.		3. Organized Under the Laws of:		
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) Office held Name Street or P.O. Address' City State Zip PRESIDENT GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17111 SERRETARY SUSAN R. KENT US W. VINE SHIRDMANSTOWN PA 17011 DIRECTOR GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17111 DIRECTOR KATHLEEN D. TOLEY 2494 E. BAYBERRY DRIVE HARRISBURG PA 17112 DIRECTOR JOHN SCHILLING 5912 PALMER DRIVE HARRISBURG PA 17111 5. NATURE OF BUSINESS ADMINISTRATOR TO YEAR HOME ANY LANGUE WARRANTIES 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete Signature Marrial Date 7/17/96 Name Typod or Thomas m. Thorwar Title Contacted Name Typod or Thomas m. Thorwar Title Contacted	* FIRST NOTICE *	HARRISBURG PA 1711	1 3598	NV	C11	4752
PRESIDENT GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17111 SELRETARY SUSAN R. KENT 65 W. VINE SHIREMANSTOWN PA 17011 DIRECTOR GEORGE A. PARMER 911 GROVE ROAD HARRISBURG PA 17111 DIRECTOR KATHLEEN D. TOLEY 2494 E. BAYBERRY DRIVE HARRISBURG PA 17112 DIRECTOR JOHN SCHILLING 5912 PALMER DRIVE HARRISBURG PA 17111 5. NATURE OF BUSINESS ADMINISTRATOR 10 YEAR HOME Signature Marrian Millistrator Date 7/17/96 Name (Typed or Thomas m. Thorwart Title Contactor)				(check one)		
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ADMINISTRATOR TO YEAR HOME ANY LANGUE WARRANTIES knowledge true, correct and completed Signature Millount Date 7/17/96 Name (Typed or Printed) Name (Typed or Printed)	DIRECTOR KATHLEEN	S. TOLLY 2434 E. BAYBERRY TO		ARRISBURG	PA	17112
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