


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90069 036 ***150.00

DOCUMENT # 852454 1. Entity Name RADNOR/NORTH CORPORATION			
Principal Place of Business 1735 MARKET ST PHILADELPHIA, PA 19103 US		Mailing Address 1735 MARKET ST PHILADELPHIA, PA 19103 US	
2. Principal Place of Business - No P.O. Box # 1735 MARKET St.		3. Mailing Address 1735 MARKET St.	
Suite, Apt. #, etc. 27th Floor		Suite, Apt. #, etc. 27th Floor	
City & State Philadelphia, PA		City & State Philadelphia, PA	
Zip 19103		Zip 19103	
Country USA		Country USA	
4. FEI Number 23-2201538		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PRESTON, M.L. 1735 MARKET ST., 27TH FLOOR PHILADELPHIA, PA 19103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULHOLLAND, P.A. 1735 MARKET ST., 28TH FLOOR PHILADELPHIA, PA 19103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILUCIDO, L.J. 1735 MARKET ST., 27TH FLOOR PHILADELPHIA, PA 19103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT MCKEEVER, JOHN J 1735 MARKET ST., 15TH FLOOR PHILADELPHIA, PA 19103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEEVER, JOHN J 1735 MARKET ST., 15th Floor Philadelphia, PA 19103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SZILIER, GEORGE J 1735 MARKET ST., 28TH FLOOR PHILADELPHIA, PA 19003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Loire De Lucido, Secretary</u>		Date: <u>1-17-07</u> Daytime Phone #: <u>215-977-6236</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

60008039



01172007 Chg-P CR2E034 (12/06)