

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90198 006 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # F00000007272</b><br>1. Entity Name<br><b>PFFC INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                |  |  |
| Principal Place of Business<br><b>301 BELLEVUE PARKWAY<br/>WILMINGTON, DE 19809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |                                                                                                                 | Mailing Address<br><b>301 BELLEVUE PARKWAY<br/>WILMINGTON, DE 19809</b>                                                                                                                        |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 | 3. Mailing Address                                                                                              |                                                                                                                                                                                                |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 | Suite, Apt. #, etc.                                                                                             |                                                                                                                                                                                                |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                 | City & State                                                                                                    |                                                                                                                                                                                                |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                         | Zip                                                                                                             | Country                                                                                                                                                                                        | 4. FEI Number<br><b>04-2871943</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                                                                                 | 7. Name and Address of New Registered Agent                                                                                                                                                    |                                                                                   |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |                                                                                                                 | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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.<br><br>SIGNATURE <u>N/A</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                        |                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PDC<br/>SHACK, TIMOTHY G<br/>400 BELLEVUE PKWY<br/>WILMINGTON, DE 19809</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>301 BELLEVUE PKWY.</b>                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD<br/>ANDALORO, JOHN J<br/>400 BELLEVUE PARKWAY<br/>WILMINGTON, DE 19809</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>V/D/T<br/>MARSINI, JR, NICHOLAS M<br/>301 BELLEVUE PKWY.<br/>WILMINGTON, DE 19809</b>                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD<br/>WYNNE, STEPHEN M<br/>400 BELLEVUE PARKWAY<br/>WILMINGTON, DE 19809</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>301 BELLEVUE PKWY.</b>                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V<br/>BURTON, CLAYTON H III<br/>400 BELLEVUE PARKWAY<br/>WILMINGTON, DE 19809</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>V/D<br/>WOLCOTT, NANCY B.<br/>301 BELLEVUE PKWY.<br/>WILMINGTON, DE 19809</b>                               |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V<br/>CASTAGNA, DOUGLAS D<br/>400 BELLEVUE PARKWAY<br/>WILMINGTON, DE 19809</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>301 BELLEVUE PKWY.</b>                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V<br/>PERLSWEIG, ROBERT J<br/>400 BELLEVUE PARKWAY<br/>WILMINGTON, DE 19809</b> <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>V/S<br/>FULGONEY, JOHN F.<br/>301 BELLEVUE PKWY.<br/>WILMINGTON, DE 19809</b>                               |                                                                                   |  |
| 12. 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 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. |                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                |                                                                                   |  |
| <b>SIGNATURE:</b> <u>DOUGLAS D. CASTAGNA, SVPT CONTROLLER</u> <span style="float: right;">4/15/04 (302) 791-1307</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                |                                                                                   |  |

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