

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90244 038 \*\*\*150.00

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04142005 Chg-P CR2E034 (10/03)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  |                                                                 |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # F00000007272</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                  |                                                                 |  |                                                                              |
| 1. Entity Name<br>PFPC INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                  |                                                                 |                                                                                   |                                                                              |
| Principal Place of Business<br>301 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                  | Mailing Address<br>301 BELLEVUE PARKWAY<br>WILMINGTON, DE 19809 |                                                                                   |                                                                              |
| 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>04-2871943                                                       |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  |                                                                 | Applied For<br>Not Applicable                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                  |                                                                 | \$8.75 Additional Fee Required                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                  | 7. Name and Address of New Registered Agent                     |                                                                                   |                                                                              |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                  | 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: <u>N/A</u><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                  |                                                                 |                                                                                   |                                                                              |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PDC                      | <input type="checkbox"/> Delete                                                  | TITLE                                                           | D/C                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SHACK, TIMOTHY G         |                                                                                  | NAME                                                            |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 BELLEVUE PKWY        |                                                                                  | STREET ADDRESS                                                  |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WILMINGTON, DE 19809     |                                                                                  | CITY-ST-ZIP                                                     |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VDT                      | <input type="checkbox"/> Delete                                                  | TITLE                                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MARSINI, JR., NICHOLAS M |                                                                                  | NAME                                                            |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 BELLEVUE PKWY        |                                                                                  | STREET ADDRESS                                                  |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WILMINGTON, DE 19809     |                                                                                  | CITY-ST-ZIP                                                     |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD                       | <input type="checkbox"/> Delete                                                  | TITLE                                                           | D/P                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WYNNE, STEPHEN M         |                                                                                  | NAME                                                            |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 BELLEVUE PKWY        |                                                                                  | STREET ADDRESS                                                  |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WILMINGTON, DE 19809     |                                                                                  | CITY-ST-ZIP                                                     |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD                       | <input type="checkbox"/> Delete                                                  | TITLE                                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WOLCOTT, NANCY B         |                                                                                  | NAME                                                            |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 BELLEVUE PKWY        |                                                                                  | STREET ADDRESS                                                  |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WILMINGTON, DE 19809     |                                                                                  | CITY-ST-ZIP                                                     |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V                        | <input type="checkbox"/> Delete                                                  | TITLE                                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CASTAGNA, DOUGLAS D      |                                                                                  | NAME                                                            |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 BELLEVUE PKWY        |                                                                                  | STREET ADDRESS                                                  |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WILMINGTON, DE 19809     |                                                                                  | CITY-ST-ZIP                                                     |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VS                       | <input type="checkbox"/> Delete                                                  | TITLE                                                           |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FULGONEY, JOHN F         |                                                                                  | NAME                                                            |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 BELLEVUE PKWY        |                                                                                  | STREET ADDRESS                                                  |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WILMINGTON, DE 19809     |                                                                                  | CITY-ST-ZIP                                                     |                                                                                   |                                                                              |
| 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. |                          |                                                                                  |                                                                 |                                                                                   |                                                                              |
| SIGNATURE: <u>DOUGLAS D. CASTAGNA, SVP &amp; CONTROLLER</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | Date                                                                             |                                                                 | Daytime Phone # <u>302 791-1307</u>                                               |                                                                              |