


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # F03000004253
1. Entity Name
RICHARDSAPEX, INC.



Principal Place of Business Mailing Address
4202-24 MAIN STREET 4202-24 MAIN STREET
PHILADELPHIA, PA 19127 PHILADELPHIA, PA 19127



03142006 No Chg-P CR2E034 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
23-1322119 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RICHARDS, BRADLEY N 4202-24 MAIN STREET PHILADELPHIA, PA 19127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC RICHARDS, DAVID 4202-24 MAIN STREET PHILADELPHIA, PA 19127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARI, WILLIAM A JR 400 BERWYN PARK, 899 CASSATT ROAD BERWYN, PA 19312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, ANDREW R 4202-24 MAIN STREET PHILADELPHIA, PA 19127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHENK, RONALD P 4202-24 MAIN STREET PHILADELPHIA, PA 19127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DAVIS, H CHRISTOPHER 4202-24 MAIN STREET PHILADELPHIA, PA 19127

000000486946
04/13/06-80056-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: H. Christopher Davis H. Christopher Davis 3/14/06 215-487-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP Finance Date Daytime Phone #