

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000001383	
1. Entity Name PFMAM INC.	

Principal Place of Business TWO LOGAN SQUARE, #1600 PHILADELPHIA, PA 19103-2770	Mailing Address TWO LOGAN SQUARE, #1600 PHILADELPHIA, PA 19103-2770
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DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-1891978	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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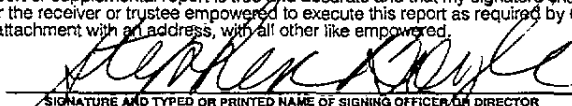
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, to be familiar with, and accept the obligations of registered agent.

SIGNATURE _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing)
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9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARGOLIS, MARTIN ONE KEYSTONE PLAZA, #300 HARRISBURG, PA 171012044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOODNIGHT, DEBRA ONE KEYSTONE PLAZA, #300 HARRISBURG, PA 171012044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYLE, STEVE TWO LOGAN SQUARE, #1600 PHILADELPHIA, PA 191032770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: 	7/18/05 215/500-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #