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	Mailing Address
TWO LOGAN SQUARE, #1600 PHILADELPHIA, PA 19103-2770	TWO LOGAN SQUARE, #1600 PHILADELPHIA, PA 19103-2770

07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1891978
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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.

U00000373259
07/18/05-80008-005 150.00
U00000373259
07/18/05-80008-005 150.00

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARGOLIS, MARTIN
STREET ADDRESS	ONE KEYSTONE PLAZA, #300
CITY-ST-ZIP	HARRISBURG, PA 171012044
TITLE	S
NAME	GOODNIGHT, DEBRA
STREET ADDRESS	ONE KEYSTONE PLAZA, #300
CITY-ST-ZIP	HARRISBURG, PA 171012044
TITLE	T
NAME	BOYLE, STEVE
STREET ADDRESS	TWO LOGAN SQUARE, #1600
CITY-ST-ZIP	PHILADELPHIA, PA 191032770
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 7/18/05 215/567-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #