

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90010 046 ****61.25



DOCUMENT # F04000006500
1. Entity Name
THE PHILADELPHIA FOUNDATION, INC.

Principal Place of Business: **1234 MARKET STREET, SUITE 1800 PHILADELPHIA PA 19107**
Mailing Address: **1234 MARKET STREET, SUITE 1800 PHILADELPHIA PA 19107**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **23-1581832**
Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: LEWIS, H. CRAIG STREET ADDRESS: 1234 MARKET STREET, SUITE 1800 CITY-ST-ZIP: PHILADELPHIA PA 19107-3794	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: FOSTER, ELLEN P STREET ADDRESS: 1234 MARKET STREET, SUITE 1800 CITY-ST-ZIP: PHILADELPHIA PA 19107-3794	<input type="checkbox"/> Delete
TITLE: V NAME: SWINNEY, R. ANDREW STREET ADDRESS: 1234 MARKET STREET, SUITE 1800 CITY-ST-ZIP: PHILADELPHIA PA 19107-3794	<input type="checkbox"/> Delete
TITLE: TD NAME: FRAINT, ERIC STREET ADDRESS: 1234 MARKET STREET, SUITE 1800 CITY-ST-ZIP: PHILADELPHIA PA 19107-3794	<input type="checkbox"/> Delete
TITLE: D NAME: AMSTERDAM, PEGGY ANN STREET ADDRESS: 1234 MARKET STREET, SUITE 1800 CITY-ST-ZIP: PHILADELPHIA PA 19107-3794	<input type="checkbox"/> Delete
TITLE: D NAME: BEASER, LAWRENCE J ESQ STREET ADDRESS: 1234 MARKET STREET, SUITE 1800 CITY-ST-ZIP: PHILADELPHIA PA 19107-3794	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD NAME: Gene Locks, Gene STREET ADDRESS: 1234 Market Street, Suite 1800 CITY-ST-ZIP: Philadelphia, PA 19107-3794	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: Foster, Ellen P STREET ADDRESS: 1234 Market Street, Suite 1800 CITY-ST-ZIP: Philadelphia, PA 19107-3794	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: Godwin, Pamela STREET ADDRESS: 1234 Market Street, Suite 1800 CITY-ST-ZIP: Philadelphia, PA 19107-3794	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *[Signature]* **R. Andrew Swinney** 215-563-6417