

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90006 041 ***150.00

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1. Entity Name
PFG DISTRIBUTION COMPANY

Principal Place of Business Mailing Address
610 W. GERMANTOWN PIKE, SUITE 460 **610 W. GERMANTOWN PIKE, SUITE 460**
PLYMOUTH MEETING PA 19462 **PLYMOUTH MEETING PA 19462**

54066010



MOORE CR2E034 (4/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **23-2795977** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS	
TITLE SDT <input type="checkbox"/> Delete	NAME OBERLIES, SUSAN M
STREET ADDRESS 610 W. GERMANTOWN P, STE 460	
CITY-ST-ZIP PLYMOUTH MEETING PA 19462	
TITLE VPCT <input type="checkbox"/> Delete	NAME KEIM, KENT C
STREET ADDRESS 610 W. GERMANTOWN PK, STE 460	
CITY-ST-ZIP PLYMOUTH MEETING PA 19462-	
TITLE DVPS <input type="checkbox"/> Delete	NAME HILLMAN, JOHN K
STREET ADDRESS 610 W. GERMANTOWN PK, STE 460	
CITY-ST-ZIP PLYMOUTH MEETING PA 19462	
TITLE EVP <input type="checkbox"/> Delete	NAME FISCHER, JOHN T
STREET ADDRESS 610 W. GERMANTOWN PK, STE 460	
CITY-ST-ZIP PLYMOUTH MEETING PA 19462	
TITLE D <input type="checkbox"/> Delete	NAME PRIMMER, ROBERT E
STREET ADDRESS ONE AMERICAN ROW	
CITY-ST-ZIP HARTFORD CT 06112	
TITLE P <input checked="" type="checkbox"/> Delete	NAME DANIEL, MULLEN
STREET ADDRESS 610 W GERMANTOWN STE 400	
CITY-ST-ZIP PLYMOUTH MEETING PA 19462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	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: SUSAN M. OBERLIES *Susan M Oberlies, President* 7-27-04 484.530.4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #