2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000001677

1. Entity Name WESTMINSTER ABSTRACT COMPANY



FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90095 018 ***150.00

Principal Place of Business Mailing Address 3103 PHILMONT AVE HINTINGDON VALLEY, PA 19006 Principal Place of Business 3. Mailing Address 3103 PHILMONT AVE HINTINGDON VALLEY, PA 19006 Principal Place of Business 3. Mailing Address Sulfe, Apt. 4, etc. O4062004 Cftg-P CR2E034 (10/03)							The same	N. S.					
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Zip Country Zip Country S. Certificate of Status Desired St.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres	Suite, Apt. #, etc.				Suite, Apt. #, etc.				04062004	Chg-P	CR2E0	34 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City City FL Zip Code 8. The above named energy submits this statement for the purpose of changing its registered deflice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 After May 1, 303 Fhillmont Avenue FILE NOWITE FEE IS \$150.00 After May 1, 303 Fhillmont Avenue FILE NOWITE FEE IS \$150.00 After May 1, 303 PHILMONT AVE. HUNTINGDON VALLEY, PA 19006 FIRE NOWE STREET ADDRESS GIT-SI-2P FILE NOWIE FEE IS \$150.00 After ADDRESS GIT-SI-2P FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FOR FEED ADDRESS OF PARKETS FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FOR FEED ADDRESS OF PARKETS FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FOR FEED ADDRESS OF PARKETS FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FOR FEED ADDRESS OF PARKETS FILE NOWITE FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 FOR FEED ADDRESS OF PARKETS FEED ADDRESS OF PARKETS FEED ADDRESS OF PARKETS FEED ADDRESS OF PARKETS FOR FEED ADDRESS OF PARKETS FEED ADDRESS OF PARKETS	City & State			(City & State				1				
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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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or printed name of registered agent and state if adolescale. (MOTE: Registered Agent agrature required when remarking) Part			Oli del Addite										
B. 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 Signature, typicd or private forms of registered agent and tills if applicable. (If OTE: Registered Agent signature received when remaining) DATE		,											
THE HODGES CITY-ST-2P TITLE							City				FL	Zip Code	e
SIGNATURE Signature, typed or printed name of registered agent and bit of applicable. (NOTE: Registered Agent signature required when remaining) DATE				or the p	urpose of changing its	register	ed office or r	egister	red agent, or bo	th, in the State of Fl	orida. I am I	amiliar with,	and accept
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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		ertify that th	e information supplied with	h thie fi	ling does not qualify to			ed in So	ection 119 07/31	(i) Florida Statutos	I further cor	tify that the i-	nformation

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 empower on the receiver or trustee empower on the receiver or trustee empower of the corporation or the receiver or trustee empower of the corporation or the receiver or trustee empower of the receiver or trustee empower of the corporation or the receiver or trustee empower of the receiver or trustee empower of the corporation or the receiver or trustee empower of the receiver of the re

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED Kenneth J. Gary, NAME OF SIGNING OFFICER OR DIRECTOR
President, Secretary and Treasure

4/15/04

(215) 938-8000

Daytime Phone #