


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 A.
Secretary of State

DOCUMENT # M02000002746	
1. Entity Name RADIAN EXPRESS SERVICES LLC	

Principal Place of Business 1601 MARKET ST PHILADELPHIA, PA 19103	Mailing Address 1601 MARKET ST PHILADELPHIA, PA 19103
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DO NOT WRITE IN THIS SPACE

04092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0572003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KARLEN, SUSAN
 1419 HOLLEMAN DRIVE
 VALRICO, FL 33594

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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 _____ 300035551973
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILL, AL 4433 INTERPAINT BLVD. DAYTON, OH 45424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATIMER, TERRY 1601 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOHM, TAMI 1601 MARKET ST PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert V. Radicioni 1601 Market St Philadelphia, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert V. Radicioni 4/9/04 215-231-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #