


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P0970Q . . .

1. Entity Name
GENEX SERVICES, INC.



Principal Place of Business	Mailing Address
440 EAST SWEDESFORD ROAD 3050 WAYNE, PA 19087 US	440 EAST SWEDESFORD ROAD 3050 WAYNE, PA 19087 US

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-3327434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VISS DARRELL, CHRISTOPHER G 440 EAST SWEDESFORD RD., STE. 1000 WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVVP WATJEN, THOMAS R 1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MEDEJA, PETER C 440 EAST SWEDESFORD ROAD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPL COPELAND, F. DEAN 1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV ANDERSON, ARCHIE A 440 EAST SWEDESFORD RD., STE. 1000 WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV FRISCH, DELPHIA B 440 EAST SWEDESFORD RD., STE. 1000 WAYNE, PA 19087

**DO NOT WRITE
IN THIS SPACE**

U00000272499
03/22/05-80007-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an officer like empowered

SIGNATURE: Peter C. Medija March 16, 2005 610 964 5114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #