

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P21421

1. Entity Name
D & H DISTRIBUTING COMPANY



Principal Place of Business
2525 N. 7TH STREET
HARRISBURG, PA 17110-0967 US

Mailing Address
P. O. BOX 5967
HARRISBURG, PA 17110-0967 US



07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **23-0506415** 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 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

00000157414

07/20/04-80003-014 550.00

10. OFFICERS AND DIRECTORS

TITLE: **CEO**
 NAME: **SCHWAB, ISRAEL**
 STREET ADDRESS: **2525 N. 7TH STREET**
 CITY-ST-ZIP: **HARRISBURG, PA**

TITLE: **SD**
 NAME: **SCHWAB, MORRIS**
 STREET ADDRESS: **2525 N. 7TH STREET**
 CITY-ST-ZIP: **HARRISBURG, PA**

TITLE: **VTD**
 NAME: **SCHWAB, JAMES F**
 STREET ADDRESS: **2525 N. 7TH STREET**
 CITY-ST-ZIP: **HARRISBURG, PA 17110**

TITLE: **P**
 NAME: **BROTHERS, GARY**
 STREET ADDRESS: **2525 N SEVENTH ST**
 CITY-ST-ZIP: **HARRISBURG, PA 17110**

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

Date

Daytime Phone #