

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90069 026 ***150.00



DOCUMENT # P93000018692
 1. Entity Name
ALLIED/WATER STREET, INC.

Principal Place of Business Mailing Address
C/O URDANG & ASSOC. REAL ESTATE **C/O URDANG & ASSOC REAL ESTATES ADVIS**
630 GERMANTOWN PIKE, SUITE 321 **630 W. GERMANTOWN PIKE, STE 321**
PLYMOUTH MEETING PA 19462 **PLYMOUTH MEETING PA 19422**
US **US**



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
Suite 300

3. Mailing Address Suite, Apt. #, etc.
Suite 300

City & State City & State

Zip Country Zip Country

4. FEI Number **23-2721464** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	DP <input type="checkbox"/> Delete URDANG, E S	TITLE NAME	COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	STREET ADDRESS	Suite 300
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE NAME	VS <input type="checkbox"/> Delete BLUM, DAVID J.	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	STREET ADDRESS	Suite 300
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE NAME	V <input type="checkbox"/> Delete SANFILIPPO, VINCENT	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE 321	STREET ADDRESS	Suite 300
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE NAME	D <input type="checkbox"/> Delete FERST, RICHARD J	TITLE NAME	COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 321	STREET ADDRESS	Suite 300
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE NAME	V <input type="checkbox"/> Delete GRECO, MARK B	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	630 W. GERMANTOWN PIKE, SUITE 321	STREET ADDRESS	Suite 300
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *David J. Blum* **David J. Blum** **4-6-04** **610-834-9506**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #