

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90076 026 ***550.00

DOCUMENT # P96000042873

1. Entity Name

ALLIED/STANLEY, INC.



Principal Place of Business

C/O URDANG & ASSOC REAL ESTATE ADVISO
630 GERMANTOWN PIKE, STE. 321
PLYMOUTH MEETING PA 19462

Mailing Address

C/O URDANG & ASSOC REAL ESTATE ADVISO
630 GERMANTOWN PIKE, STE. 321
PLYMOUTH MEETING PA 19462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2851348

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 SOUTH PINE ISLAND ROAD
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

TITLE	DP	<input type="checkbox"/> Delete
NAME	URDANG, E. SCOTT	
STREET ADDRESS	630 W. GERMANTOWN PIKE, STE. 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BLUM, DAVID J.	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, STE. 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRECO, MARK B	
STREET ADDRESS	630 W GERMANTOWN PIKE STE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANFILIPPO, VINCENT	
STREET ADDRESS	630 WEST GERMANTOWN PIKE, STE. 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERST, RICHARD J	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRIDDELL, E. TODD	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 123	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark B Greco Mark B Greco

4/8/04 6010-834-9500