


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91028 006 ***150.00

DOCUMENT # P98000076476					
1. Entity Name WESTCHESTER SPECIALTY SERVICES, INC.					
Principal Place of Business 204 S. MONROE ST. TALLAHASSEE, FL 32301			Mailing Address 1601 CHESTNUT STREET TL20J PHILADELPHIA, PA 19103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2430509	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDONNELL, FRANCIS W	NAME			
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA, PA 19103	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NYMAN, CRAIG A	NAME			
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA, PA 19103	CITY-ST-ZIP			
TITLE	GCS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRISON, KATHLEEN K	NAME			
STREET ADDRESS	500 COLONIAL CENTER PKWY STE 200	STREET ADDRESS			
CITY-ST-ZIP	ROSWELL, GA 30076	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIBSON, PATRICIA W	NAME	RD ROBERT E. OMAHUE		
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA, PA 19103	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNAN, KIRSTON	NAME	VP DAVID P. BYRNE		
STREET ADDRESS	1601 CHESTNUT STREET 2 LIBERTY PLACE	STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA, PA 19103	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CZEKAY, FRANK P	NAME			
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA, PA 19103	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: <u><i>Frank P. Czeka</i></u> <u><i>FRANK P. CZEKAY</i></u> <u><i>4/19/04 215-640-1000</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					