


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90235 008 ***150.00

DOCUMENT # P98000076476
 1. Entity Name
 WESTCHESTER SPECIALTY SERVICES, INC. 2-1



Principal Place of Business: 204 S. MONROE ST. TALLAHASSEE FL 32301
 Mailing Address: 1601 CHESTNUT STREET TL20J PHILADELPHIA PA 19103



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country Zip: Country

4. FEI Number: 58-2430509 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C-T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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: D NAME: MCDONNELL, FRANCIS W STREET ADDRESS: 1601 CHESTNUT STREET CITY-ST-ZIP: PHILADELPHIA PA 19103 | <input type="checkbox"/> Delete |
| TITLE: T NAME: NYMAN, CRAIG A STREET ADDRESS: 1601 CHESTNUT STREET CITY-ST-ZIP: PHILADELPHIA PA 19103 | <input checked="" type="checkbox"/> Delete |
| TITLE: GES NAME: MORRISON, KATHLEEN K STREET ADDRESS: 500 COLONIAL CENTER PKWY STE 200 CITY-ST-ZIP: ROSWELL GA 30076 | <input checked="" type="checkbox"/> Delete |
| TITLE: PD NAME: OMAHNE, ROBERT E STREET ADDRESS: 1601 CHESTNUT STREET CITY-ST-ZIP: PHILADELPHIA PA 19103 | <input checked="" type="checkbox"/> Delete |
| TITLE: VP NAME: BYRNE, DAVID P STREET ADDRESS: 1601 CHESTNUT STREET 2 LIBERTY PLACE CITY-ST-ZIP: PHILADELPHIA PA 19103 | <input checked="" type="checkbox"/> Delete |
| TITLE: AS NAME: CZEKAY, FRANK P STREET ADDRESS: 1601 CHESTNUT STREET CITY-ST-ZIP: PHILADELPHIA PA 19103 | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TREASURER NAME: BLAISE E. SCIOLO STREET ADDRESS: 1601 CHESTNUT ST CITY-ST-ZIP: PHILA, PA 19103 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: SECRETARY NAME: JUDITH M. CALLIHAN STREET ADDRESS: 1601 Chestnut Street CITY-ST-ZIP: PHILA, PA 19103 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: PD NAME: JAMES M. ENGLISH STREET ADDRESS: 1601 CHESTNUT ST CITY-ST-ZIP: PHILA, PA 19103 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: MATTHEW B. MCALEER STREET ADDRESS: 1601 CHESTNUT ST CITY-ST-ZIP: PHILA, PA 19103 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Frank P. Czeka 4/18/05 215-640-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #