


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90668 006 ***150.00

DOCUMENT # P99000090138
 1. Entity Name
ALLIED/CROSS POINTE, INC.



Principal Place of Business Mailing Address
C/O URDANG & ASSOCIATES **C/O URDANG & ASSOCIATES**
630 WEST GERMANTOWN PIKE #321 **630 WEST GERMANTOWN PIKE #321**
PLYMOUTH MEETING PA 19462 **PLYMOUTH MEETING PA 19462**

94030543



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 **58-2501103** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | D E. SCOTT URDANG C/O 630 WEST GERMANTOWN PIKE #321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BLUM, DAVID 630 W GEMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SANFILIPPO, VINCENT 630 W. GERMANTOWN PIKE STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TC FERST, RICHARD J 630 W GERMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GRECO, MARK B 630 W GERMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRESHAM, MELISS 630 W. GERMANTOWN PIKE, STE 321 PLYMOUTH MEETING PA 19462 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 300 |

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** 4-6-04 610-834-9500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #