


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90042 008 \*\*\*\*61.25

**DOCUMENT # F02000001823**

1. Entity Name  
**MICRO-SOCIETY, INC.**



Principal Place of Business  
**13 S. 3RD STREET  
 SUITE 500  
 PHILADELPHIA, PA 19312**


Mailing Address  
**13 S. 3RD STREET  
 SUITE 500  
 PHILADELPHIA, PA 19312**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State

Zip Country



07172007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**23-2637830**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GRANTSMANSHIP, INC.  
 151 CRANDON BLVD., #305  
 KEY BISCAIYNE, FL 33149**

**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)

**Filing Fee is \$61.25 Due by September 14, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTHY, DAVID	
STREET ADDRESS	2643 SAN ANDRES WAY	
CITY-ST-ZIP	CLAREMONT, CA 91711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, KIRSTEN	
STREET ADDRESS	876 PARK AVE., APT. 9S	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	RICHMOND, CAROLYNN K	
STREET ADDRESS	13 S. 3RD STREET #500	
CITY-ST-ZIP	PHILADELPHIA, PA 19312	
TITLE	C	<input type="checkbox"/> Delete
NAME	WICKERSHAM, RICHARD B JR, ESQ	
STREET ADDRESS	1600 JOHN F. KENNEDY BLVD	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	Chairman, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Mack	
STREET ADDRESS	Gnomist 11 W. 20th Street, 9th Floor	
CITY-ST-ZIP	New York, NY 10011	
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 exemptions contained in Chapter 119, 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 617, 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:** *Richard B. Wickersham* **7/17/07** **215 922 4006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #