

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003418

**Entity Name:** BODEL, INC.**Current Principal Place of Business:**555 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432**Current Mailing Address:**555 SOUTH FEDERAL HIGHWAY  
SUITE 400  
BOCA RATON, FL 33432**FEI Number:** 23-2626048**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NESBETH, AUTUMN  
555 SOUTH FEDERAL HWY  
STE 400  
BOCA RATON, FL 33432 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	YASS, JEFFREY
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	D
Name	DOOLEY, MARK
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	T
Name	SULLIVAN, BRIAN
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	D
Name	DANTCHIK, ARTHUR
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	VPD
Name	GREENBERG, JOEL
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

Title	S
Name	SILVERBERG, TODD
Address	401 CITY AVENUE, SUITE 220
City-State-Zip:	BALA CYNWYD PA 19004

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN P. SULLIVAN**TREASURER****04/19/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date