

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90067 011 ***150.00



DOCUMENT # 125769				1. Entity Name THE SOUTHERN RESIN & CHEMICAL COMPANY			
Principal Place of Business 100 S INDEPENDENCE MALL WEST PHILADELPHIA, PA 19106-2399		Mailing Address 100 S INDEPENDENCE MALL W PHILADELPHIA, PA 19106-2399					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-0458060			
				Applied For <input type="checkbox"/> Not Applicable			
				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				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIEBERT, EDWARD E		NAME				
STREET ADDRESS	100 INDEPENDENCE MALL WEST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 19106		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRANOFF, G.P.		NAME	LDNERGAN, RA			
STREET ADDRESS	100 INDEPENDENCE MALL WEST		STREET ADDRESS	100 INDEPENDENCE MALL WEST			
CITY-ST-ZIP	PHILADELPHIA, PA		CITY-ST-ZIP	PHILADELPHIA, PA 19106			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BELL, BJ		NAME	MACPHEE T D			
STREET ADDRESS	100 INDEPENDENCE MALL WEST		STREET ADDRESS	100 INDEPENDENCE MALL WEST			
CITY-ST-ZIP	PHILADELPHIA, PA 19106		CITY-ST-ZIP	PHILADELPHIA, PA 19106			
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACPHEE, T.D.		NAME				
STREET ADDRESS	100 INDEPENDENCE MALL WEST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 19106		CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARMER, STANLEY J		NAME				
STREET ADDRESS	100 S INDEPENDENCE MALL WEST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 191062399		CITY-ST-ZIP				
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AMOSS, GEORGE B		NAME				
STREET ADDRESS	100 INDEPENDENCE MALL WEST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 19106		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 807, 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: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR S. J. HARMER, ASST. TREASURER		Date Daytime Phone #			