2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 542893

Entity Name: C D I MARINE COMPANY

Current Principal Place of Business:

9550 REGENCY SQUARE BLVD
STE 400
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

1717 ARCH ST
35 FL
PHILADELPHIA, PA 19103768 US

New Mailing Address:

FEI Number: 23-2050731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	HUNT, RONALD L	
Address:	9550 REGENCY SQUARE BLVD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	S	( ) Delete
Name:	SEIDERS, JOSEPH R.	
Address:	1717 ARCH ST	
City-St-Zip:	PHILADELPHIA, PA	
Title:	T	( ) Delete
Name:	KERSCHNER, MARK	
Address:	1717 ARCH STREET 35TH FL	
City-St-Zip:	PHILADELPHIA, PA 19103	
Title:	AS	( ) Delete
Name:	LEWIS, CRAIG H.	
Address:	1717 ARCH ST	
City-St-Zip:	PHILADELPHIA, PA	
Title:	TVP	( ) Delete
Name:	ONUR, EROL A	
Address:	9550 REGENCY SQUARE BLVD	
City-St-Zip:	JACKSONVILLE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EROL A ONUR TVP 04/16/2008

Electronic Signature of Signing Officer or Director — Date