

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 019 ***150.00

DOCUMENT # 648286 1. Entity Name SELKIRK SYSTEMS, INC.					
Principal Place of Business 1500 MARKET STREET 36TH FLOOR PHILADELPHIA, PA 19102			Mailing Address 1500 MARKET ST. 36TH FLOOR PHILADELPHIA, PA 19102-2148		
2. Principal Place of Business 1500 MARKET STREET Suite, Apt. #, etc. 11TH FLOOR City & State PHILADELPHIA, PA		3. Mailing Address 1500 MARKET STREET Suite, Apt. #, etc. 11TH FLOOR City & State PHILADELPHIA, PA			
Zip 19102 Country US		Zip 19102 Country US		4. FEI Number 59-1837175	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking) 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 NAME STREET ADDRESS CITY - ST - ZIP	P BURKE, STEPHEN B 1500 MARKET ST. PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTS, BRIAN L 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BACKSTROM, STEPHEN C. 1500 MARKET ST. PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, LAWRENCE S 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, LAWRENCE S. 1500 MARKET ST. PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, LAWRENCE S 1500 MARKET ST PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLOCK, ARTHUR 1500 MARKET ST. PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ARTHUR R. BLOCK 1500 MARKET ST PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT ALCHIN, JOHN 1500 MARKET ST. PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ARTHUR R. BLOCK 1500 MARKET ST PHILADELPHIA, PA 19102	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COHEN, DAVID L 1500 MARKET ST. PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASV COHEN, DAVID L 1500 MARKET ST PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>C. Stephen Backstrom</u>			C. STEPHEN BACKSTROM <u>4/27/04</u> 215-981-7557		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		