


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90151 016 ***150.00

DOCUMENT # 648286	
1. Entity Name SELKIRK SYSTEMS, INC.	

Principal Place of Business 1500 MARKET STREET 11TH FLOOR PHILADELPHIA, PA 19102	Mailing Address 1500 MARKET STREET 11TH FLOOR PHILADELPHIA, PA 19102
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

20054685



04202005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1837175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, BRIAN L		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKSTROM, STEPHEN C.		NAME	BACKSTROM, C. STEPHEN	
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAWRENCE S.		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, ARTHUR		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCHIN, JOHN		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		CITY - ST - ZIP		
TITLE	ASV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, DAVID L		NAME		
STREET ADDRESS	1500 MARKET ST.		STREET ADDRESS		
CITY - ST - ZIP	PHILADELPHIA, PA 19102		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 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: C. S. Backstrom **C. STEPHEN BACKSTROM, VP** 4/27/05 **215-981-7557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #