2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address

SIGNATURE AND T

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 697255** 1. Entity Name 04-26-2004 90463 043 ***150 00 YORK HOUSE FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 401 COOPER LANDING RD. 401 COOPER LANDING RD. CHERRY HILL NJ 08002 CHERRY HILL NJ 08002 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-2147265 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, ROBIN Street Address (P.O. Box Number is Not Acceptable) 2461 NE 201 STREET N. MIAMI BEACH FL 33180 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TIME ☐ Delete TITLE Addition SAWICKI, GLENN NAME NAME 333 Frey Drive STREET ADDRESS 166 RICHARD DR. STREET ADDRESS GLENSHAW PA 15116 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change AGURKIS, BARBARA 401 COOPER LANDING RD., C-18 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHERRY HILL NJ 08002 CITY-ST-ZIE VD ------Addition TITLE: ☐ Delete TITLE NAME ALTMAN, JEFF NAME STREET ADDRESS STREET ADDRESS 11 GROSVENOR LODGE, 94GROSVENOR RD. SW1V CITY-ST-ZIP LONDON, UK sw1v- bif CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

TEFF ALIMAN

FILED