

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am¹⁰
Secretary of State

05-10-2006 90096 042 ***550.00

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04262006 Chg-P CR2E034 (11/05)

4. FEI Number
23-1354443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLAND, CHRISTOPHER	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE	S	<input type="checkbox"/> Delete
NAME	TIMMINS, MEGAN	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19101	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARINO, ALEXANDER	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19101	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTHERLAND, L. FREDERICK	
STREET ADDRESS	1101 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE	P	<input type="checkbox"/> Delete
NAME	KERN, ANDREW C	
STREET ADDRESS	1101 MARKET STREET	
CITY-ST-ZIP	PHILADELPHIA, PA 19107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

ALEXANDER P. MARINO, VICE PRESIDENT

4/30/06

Date

215-238-3000

Daytime Phone #