

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90515 015 ***150.00

54040536



04162004 Chg-P CR2E034 (10/03)

4. FEI Number
23-0902325
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	BATEMAN, WALTER R. II	
STREET ADDRESS	5926 STOVER MILL RD	
CITY-ST-ZIP	DOYLESTOWN, PA 18901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, W. THATCHER	
STREET ADDRESS	360 BEAUMONT ROAD	
CITY-ST-ZIP	DEVON, PA 19333	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCRANTON, WILLIAM W	
STREET ADDRESS	201 PENN AVENUE	
CITY-ST-ZIP	SCRANTON, PA 18503	
TITLE	SVGC	<input type="checkbox"/> Delete
NAME	BROWN, ROGER A	
STREET ADDRESS	214 OAKWOOD ROAD	
CITY-ST-ZIP	WILMINGTON, DE 19803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEEKLEY, ROGER J	
STREET ADDRESS	40 MAJOR ROAD	
CITY-ST-ZIP	ROYERSFORD, PA 19468	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	CUMMINS, MARK R.	
STREET ADDRESS	29 VALLEY DRIVE	
CITY-ST-ZIP	TELFORD, PA 18969	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Lee Patkus	
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 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 life empowered.

SIGNATURE: **Roger J. Beekley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

215-256-5000
Daytime Phone #