


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90051 001 ***150.00

DOCUMENT # 816263 1. Entity Name DAY AND ZIMMERMANN, INCORPORATED	
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Principal Place of Business 1818 MARKET STREET PHILADELPHIA, PA 19103 US	Mailing Address 1818 MARKET STREET PHILADELPHIA, PA 19103 US
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-0513680	Applied For 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV YOH, MICHAEL H 1818 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS GRAVES, CHARLES A 1818 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HOLMES, WILLIAM R 1818 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, WILLIAM R 1818 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MCKINNEY, JOSEPH E 1818 MARKET STREET PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, GREGORY S 1818 MARKET STREET PHILADELPHIA, PA 19103

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *[Signature]* Date: 3/24/05 Daytime Phone #: 215-219-2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR