
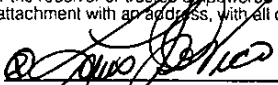


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90086 020 \*\*\*150.00

<b>DOCUMENT # 843779</b> 1. Entity Name <b>PW FRANKLIN CORPORATION</b>					
Principal Place of Business <b>1000 HARBOR BLVD C/O TAX DEPT. 9TH FLOOR WEEHAWKEN, NJ 07087</b>			Mailing Address <b>1000 HARBOR BLVD C/O TAX DEPT. 9TH FLOOR WEEHAWKEN, NJ 07087</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>800 Harbor Blvd</b> <b>C/O Tax Dept. 1st Floor</b> City & State <b>Weehawken, NJ</b> Zip <b>07086</b>			
City & State		City & State <b>Weehawken, NJ</b>		4. FEI Number <b>06-1005519</b>	
Zip <b>07086</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PHANANJAY, PAL M</b> <b>800 HARBOR BLVD</b> <b>WEEHAWKEN, NJ 07087</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Dyer, Stephen R.</b> <b>800 Harbor Blvd</b> <b>Weehawken, NJ 07086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>DYER, STEPHEN R</b> <b>800 HARBOR BLVD</b> <b>WEEHAWKEN, NJ 07087</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Chersi, Robert J.</b> <b>800 Harbor Blvd</b> <b>Weehawken, NJ 07086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MCLAUGHLIN, ELLEEN</b> <b>800 HARBOR BLVD</b> <b>WEEHAWKEN, NJ 07087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>DEVICO, LOUIS J</b> <b>800 HARBOR BLVD</b> <b>WEEHAWKEN, NJ 07087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>CLAPP, ANDREW TODD</b> <b>800 HARBOR BLVD</b> <b>WEEHAWKEN, NJ 07087</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Albergo, RoseMarie</b> <b>800 Harbor Blvd</b> <b>Weehawken, NJ 07086</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>BANYAI, GERALDINE L</b> <b>800 HARBOR BLVD</b> <b>WEEHAWKEN, NJ 07087</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			<b>Louis DeVico</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/28/05</b> Daytime Phone # <b>201-352-0559</b>		