


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90118 008 \*\*\*150.00

<b>DOCUMENT # 852454</b> 1. Entity Name <b>RADNOR/NORTH CORPORATION</b>			
Principal Place of Business <b>1801 MARKET ST PHILADELPHIA, PA 19103 US</b>		Mailing Address <b>1801 MARKET ST PHILADELPHIA, PA 19103 US</b>	
2. Principal Place of Business <b>1735 Market St., Suite, Apt. #, etc. Suite LL City &amp; State Philadelphia PA Zip 19103 Country U.S.A.</b>		3. Mailing Address <b>1735 Market St., Suite, Apt. #, etc. Suite LL City &amp; State Philadelphia, PA Zip 19103 Country U.S.A.</b>	
02162006 Chg-P CR2E034 (11/05)		4. FEI Number <b>23-2201538</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>AS</b> <input checked="" type="checkbox"/> Delete NAME <b>GERNER, E.C.</b> STREET ADDRESS <b>1801 MARKET ST</b> CITY-ST-ZIP <b>PHILADELPHIA, PA 19103</b>	TITLE <b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>M.L. Preston</b> STREET ADDRESS <b>1735 Market St, 27th Floor</b> CITY-ST-ZIP <b>Philadelphia, PA 19103</b>	TITLE <b>PD</b> <input type="checkbox"/> Delete NAME <b>MULHOLLAND, P.A.</b> STREET ADDRESS <b>1801 MARKET ST</b> CITY-ST-ZIP <b>PHILADELPHIA, PA 19103</b>	TITLE <b>1735 Market St., 28th Floor</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Philadelphia, PA 19103</b> STREET ADDRESS <b>Philadelphia, PA 19103</b> CITY-ST-ZIP
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>DILUCIDO, L.J.</b> STREET ADDRESS <b>1801 MARKET ST</b> CITY-ST-ZIP <b>PHILADELPHIA, PA 19103</b>	TITLE <b>1735 Market St., 27th Floor</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Philadelphia, PA 19103</b> STREET ADDRESS <b>Philadelphia, PA 19103</b> CITY-ST-ZIP	TITLE <b>ASAT</b> <input type="checkbox"/> Delete NAME <b>MCKEEVER, JOHN J</b> STREET ADDRESS <b>1801 MARKET STREET</b> CITY-ST-ZIP <b>PHILADELPHIA, PA 19103</b>	TITLE <b>1735 Market St., 15th Floor</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Philadelphia, PA 19103</b> STREET ADDRESS <b>Philadelphia, PA 19103</b> CITY-ST-ZIP
TITLE <b>VPT</b> <input type="checkbox"/> Delete NAME <b>SZILIER, GEORGE J</b> STREET ADDRESS <b>1201 MARKET STREET</b> CITY-ST-ZIP <b>PHILADELPHIA, PA 19003</b>	TITLE <b>1735 Market St., 28th Floor</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Philadelphia, PA 19103</b> STREET ADDRESS <b>Philadelphia, PA 19103</b> CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" 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.			
<b>SIGNATURE: L.J. DiLucido</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-20-2006 215-977-6236</b> <small>Date Daytime Phone #</small>	