

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 853202

1. Entity Name
HAJOCA CORPORATION



Principal Place of Business
**127 COULTER AVE
ARDMORE, PA 19003 US**

Mailing Address
**127 COULTER AVE
ARDMORE, PA 19003 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2203401

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**

**DO NOT WRITE
IN THIS SPACE**

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	C
NAME	COLBURN, KEITH W
STREET ADDRESS	555 SKOKIE BLVD., SUITE 555
CITY - ST - ZIP	NORTHBROOK, IL
TITLE	VT
NAME	PAPPO, CHRISTOPHER
STREET ADDRESS	127 COULTER AVE
CITY - ST - ZIP	ARDMORE, PA
TITLE	AT
NAME	PLUNKETT, MICHAEL K.
STREET ADDRESS	127 COULTER AVE.
CITY - ST - ZIP	ARDMORE, PA
TITLE	P
NAME	KLAU, RICHARD
STREET ADDRESS	127 COULTER AVE
CITY - ST - ZIP	ARDMORE, PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/16/04-80053-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Christopher Pappo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/04 (610) 649-1430
Date Daytime Phone