## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # F00000000444**



## FILED Apr 12, 2004 8:00 am Secretary of State

1. Entity Nati METRO	MOBILE CTS OF CHARLOT	ΓE, INC.				04-12-20	04 90309 (	)11 ***15	50.00
1095 AVENUE OF THE AMERICA NEW YORK, NY 10036		Mailing Address 1717 ARCH STREE 15TH FLOOR PHILADELPHIA, PA 19	1717 ARCH STREE		94049690				
2. Principal I	Place of Business	3. Mailing Address	<u> </u>	<del></del>					
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.		03262004	Chg-P	CR2E	034 (10/03)		
City & Sta	te	City & State			4. FEI Numb				pplied For lot Applicable
Zip	Country	Zip ^	Country			of Status Desire	d-== []	- <b>\$8.75</b> , Ad Fee Require	ditional -
	6. Name and Address of Current R	egistered Agent	<del></del>		7. Name and	Address of Ne	w Registered		
			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street	Address (	P.O. Box Numb	er is Not Accepta	able)		
			City				FL	Zip Cod	de .
SIGNATURE.	Signature, typed or printed name of registered agent and	litte if applicable. (NOTE	E: Registered Agent sign			th, in the State of	Florida. I am	familiar with	, and accept
After M	.E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campai Trust Fund Contr			00 May Be ed to Fees			·	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENSON, DAVID H 1095 AVE. OF THE AMERICAS NEW YORK, NY 10036	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yaca	_		,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROST, MARIANNE 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEITMANN, WILLIAM F 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			; · · · · · · · · · · · · · · · · · · ·		` ☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRAFTON, BARBARA E 1717 ARCH ST 32ND FLR PHILADELPHIA, PA 19103	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phil Phil	ip R. Mou Arch Str	rx eel, 30md PA 19103	Floor	☐ Change	Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GARRITY, JANET M 3900 WASHINGTON ST 2ND FLOO WILMINGTON, DE 19802	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, PAUL N 1717 ARCH STREET, 15TH FLOOP PHILADELPHIA, PA 19103		TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
<ol> <li>I hereby of indicated.</li> </ol>	certify that the information supplied with the	is filing does not qualify for	the exemption sta	ated in Sec	tion 119.07(3)(i	), Florida Statute	s. I further cer	tify that the in	oformation

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04