

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 31, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F00000003973**

1. Entity Name  
JUDGE, INC.



Principal Place of Business  
300 CONSHOHOCKEN STATE ROAD  
STE 300  
WEST CONSHOHOCKEN, PA 19428

Mailing Address  
300 CONSHOHOCKEN STATE ROAD  
STE 300  
WEST CONSHOHOCKEN, PA 19428



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-2418022**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	JUDGE, MARTIN E JR
STREET ADDRESS	300 CONSHOHOCKEN STATE ROAD STE 300
CITY - ST - ZIP	WEST CONSHOHOCKEN, PA 19428

TITLE	T
NAME	ALESSANDRINI, ROBERT G
STREET ADDRESS	300 CONSHOHOCKEN STATE ROAD STE 300
CITY - ST - ZIP	WEST CONSHOHOCKEN, PA 19428

TITLE	S
NAME	WIERCINSKI, KATHARINE A
STREET ADDRESS	300 CONSHOHOCKEN STATE ROAD STE 300
CITY - ST - ZIP	WEST CONSHOHOCKEN, PA 19428

TITLE	D
NAME	DUNN, MICHAEL A
STREET ADDRESS	300 CONSHOHOCKEN STATE ROAD STE 300
CITY - ST - ZIP	WEST CONSHOHOCKEN, PA 19428

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000408160  
02/08/06-80049-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06

Date

6106677700

Daytime Phone #