


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 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
--	--



01222007 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 of 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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000616477
02/07/07-80029-021 150.00

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--

**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 another like empowered.

SIGNATURE: Katharine A Miercinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY
Date

1/22/07
Daytime Phone #

610 6677700