

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 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



01072008 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, 2008 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

U00000787097
01/17/08-80066-008 150.00

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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:

KATHARINE A WIERCINSKI Katharine A Wiercinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

6104677700

Daytime Phone #