

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005520

FILED
Jan 09, 2004
Secretary of State

Entity Name: MSPS ENTREPRENEURIAL II, INC.

Current Principal Place of Business:

C/O CMS AFFILIATED PARTNERSHIPS
ONE BALA PLAZA, SUITE 412
BALA CYNWYD, PA 19004

New Principal Place of Business:

Current Mailing Address:

C/O LEGAL DEPARTMENT
1926 ARCH STREET
PHILADELPHIA, PA 191031484

New Mailing Address:

FEI Number: 23-3003877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNING, GRANT T ESQ.
222 WEST COMSTOCK AVE., SUITE 101
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILBERBERG, PAUL
Address: 151 CHERRY LANE
City-St-Zip: WYNNEWOOD, PA 19096

Title: VD () Delete
Name: LANDMAN, WILLIAM A
Address: ONE BALA PLAZA, SUITE 412
City-St-Zip: BALA CYNWYD, PA 19004

Title: CD () Delete
Name: SOLOMON, MARK I
Address: 429 DOVE LAKE ROAD
City-St-Zip: BRYN MAWR, PA 19010

Title: VS () Delete
Name: MITCHELL, RICHARD A
Address: ONE BALA PLAZA, SUITE 412
City-St-Zip: BALA CYNWYD, PA 19004

Title: VS () Delete
Name: WELCH, INGRID R
Address: ONE BALA PLAZA, SUITE 412
City-St-Zip: BALA CYNWYD, PA 19004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID R. WELCH

VP

01/09/2004

Electronic Signature of Signing Officer or Director

_____ Date