


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90205 016 ***150.00

DOCUMENT # F00000005802	
1. Entity Name TCI MATERIALS MANAGEMENT, INC.	

Principal Place of Business 1500 MARKET ST PHILADELPHIA, PA 19102-2148 US	Mailing Address 1500 MARKET ST PHILADELPHIA, PA 19102-2148 US
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24068785



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 84-1308193		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when retitling) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BURKE, STEPHEN B		NAME				
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BACKSTROM, STEPHEN		NAME				
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALCHIN, JOHN R		NAME	ALCHIN, JOHN R			
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS	1500 MARKET ST			
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP	PHILADELPHIA, PA 19102			
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLOCK, ARTHUR R		NAME	BLOCK, ARTHUR R			
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS	1500 MARKET ST			
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP	PHILADELPHIA, PA 19102			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMITH, LAWRENCE		NAME				
STREET ADDRESS	1500 MARKET ST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 191022148		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLOCK, ARTHUR R		NAME				
STREET ADDRESS	15000 MARKET ST		STREET ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 191022149		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify 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 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: C. S. Backstrom **C. STEPHEN BACKSTROM** 4/27/04 215-981-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #