

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000814

FILED
Aug 24, 2004
Secretary of State

Entity Name: GRANARY ASSOCIATES, INC.

Current Principal Place of Business:

411 NORTH 20TH STREET
PHILADELPHIA, PA 19130

New Principal Place of Business:

Current Mailing Address:

411 NORTH 20TH STREET
PHILADELPHIA, PA 19130

New Mailing Address:

FEI Number: 22-2674578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EASTWOOD, JAMES W
Address: 411 NORTH 20TH STREET
City-St-Zip: PHILADELPHIA, PA 19130

Title: VD () Delete
Name: ARNOLD, MICHAEL R
Address: 411 NORTH 20TH STREET
City-St-Zip: PHILADELPHIA, PA 19130

Title: VD () Delete
Name: CUMMISKEY, JOHN J
Address: 411 NORTH 20TH STREET
City-St-Zip: PHILADELPHIA, PA 19130

Title: ST () Delete
Name: LEONARDI, DOROTHY P
Address: 411 NORTH 20TH STREET
City-St-Zip: PHILADELPHIA, PA 19130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EASTWOOD, JAMES W
Address: 411 NORTH 20TH STREET
City-St-Zip: PHILADELPHIA, PA 19130

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

Title: PD (X) Change () Addition
Name: CUMMISKEY, JOHN J
Address: 411 NORTH 20TH STREET
City-St-Zip: PHILADELPHIA, PA 19130

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: DOROTHY P. LEONARDI

ST

08/24/2004

Electronic Signature of Signing Officer or Director

_____ Date