


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001426  
 1. Entity Name  
 FMSC GROUP INC.



Principal Place of Business      Mailing Address  
 2040 AVENUE C                      2040 AVENUE C  
 BETHLEHEM, PA 18017-2188      BETHLEHEM, PA 18017-2188

**DO NOT WRITE IN THIS SPACE**



04302004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 23-3002131      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000152670  
 05/04/04-80095-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGERSEN, KRISTIAN 2040 AVENUE C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO VANSYCKLE, TIMOTYH J 2040 AVENUE C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHABIN, KEVIN J 2040 AVENUE C BETHLEHEM, PA 180172188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JENSEN, CHRISTIAN 2040 AVENUE C BETHLEHEM, PA 180172188
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 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: Timothy J Vansyckle      Date: 4/30/04      Daytime Phone: (610) 264-6825