



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90058 009 ***150.00

DOCUMENT # F01000003980					
1. Entity Name SUNROCK CAPITAL CORP.					
Principal Place of Business 1600 JOHN F. KENNEDY BLVD. SUITE 1030 PHILADELPHIA, PA 19103-2808			Mailing Address 1600 JOHN F. KENNEDY BLVD. SUITE 1030 PHILADELPHIA, PA 19103-2808		
2. Principal Place of Business 2701 COMMERCE WAY Suite, Apt. #, etc.		3. Mailing Address 2701 COMMERCE WAY Suite, Apt. #, etc.			
City & State PHILADELPHIA, PA		City & State PHILADELPHIA, PA		4. FEI Number 23-3062442	
Zip 19154		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			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 reinstating) 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO EINHORN, WALTER M 1835 MARKET STREET, SUITE 306 PHILADELPHIA, PA 191032945	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TOM GALLO 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HOPKINS, JOHN M 1835 MARKET STREET, SUITE 306 PHILADELPHIA, PA 191032945	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATRICIA A. WASHELESKI 2701 COMMERCE WAY PHILADELPHIA, PA 19154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, LAURIE 1211 AVENUE OF THE AMERICAS NEW YORK, NY 100368701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TAKASHI SATO 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIP, PISCOPO 1211 AVENUE OF THE AMERICAS NEW YORK, NY 100368701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL BRENDZEL 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGUCHI, TATSUO 1211 AVENUE OF THE AMERICAS NEW YORK, NY 100368701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KOICHIRO YASUNAGA 1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, LAURIE 1211 AVENUE OF THE AMERICAS NEW YORK, NY 100368701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN D. ERWIN 2701 COMMERCE WAY PHILADELPHIA, PA 19154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>PATRICIA A. WASHELESKI</u> PATRICIA A. WASHELESKI 1/19/04 215-856-0428					