


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000000151  
 1. Entity Name  
 JUDGE TECHNICAL SERVICES, INC.



Principal Place of Business 300 CONSHOHOCKEN STATE RD STE 300 WEST CONSHOHOCKEN, PA 19428	Mailing Address 300 CONSHOHOCKEN STATE RD STE 300 WEST CONSHOHOCKEN, PA 19428
--	--



01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-2872921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2007 Fee will be \$550.00**

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

000000618475  
 02/07/07-80029-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD JUDGE JR, MARTIN E 300 CONSHOHOCKEN STATE RD STE 300 WEST CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WERCINSKI, KATHARINE A 300 CONSHOHOCKEN STATE RD STE 300 WEST CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALESSANDRINI, ROBERT G 300 CONSHOHOCKEN STATE RD STE 300 WEST CONSHOHOCKEN, PA 19428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNN, MICHAEL A 300 CONSHOHOCKEN STATE RD STE 300 WEST CONSHOHOCKEN, PA 19428
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 exemptions contained in Chapter 119, 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: *Katharine Wercinski* SECRETARY Date: 1/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

610 447700