

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8 **FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90001 006 \*\*\*150.00

<b>DOCUMENT # F02000001670</b>					
<b>1. Entity Name</b> <b>CMS OAKLEIGH CORP.</b>					
<b>Principal Place of Business</b> C/O CMS AFFILIATED PARTNERSHIPS ONE BALA PLAZA, SUITE 412 BALA CYNWYD, PA 19004			<b>Mailing Address</b> C/O CMS AFFILIATED PARTNERSHIPS ONE BALA PLAZA, SUITE 412 BALA CYNWYD, PA 19004		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> APPLIED FOR <u>20-1628976</u>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> C-T-CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> SILBERG, PAUL <b>STREET ADDRESS</b> ONEBALA PLAZA, SUITE 412 <b>CITY-ST-ZIP</b> BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VTD <b>NAME</b> LANDMAN, WILLIAM A <b>STREET ADDRESS</b> ONEBALA PLAZA, SUITE 412 <b>CITY-ST-ZIP</b> BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MITCHELL, RICHARD A <b>STREET ADDRESS</b> ONEBALA PLAZA, SUITE 412 <b>CITY-ST-ZIP</b> BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> LUTES, JOSEPH W <b>STREET ADDRESS</b> ONEBALA PLAZA, SUITE 412 <b>CITY-ST-ZIP</b> BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VASD <b>NAME</b> ROTTER, JEFFREY M <b>STREET ADDRESS</b> ONEBALA PLAZA, SUITE 412 <b>CITY-ST-ZIP</b> BALA CYNWYD, PA 19004	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> WELCH, INGRID R <b>STREET ADDRESS</b> ONEBALA PLAZA, SUITE 412 <b>CITY-ST-ZIP</b> BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ingrid R. Welch</u> <u>7/29/04</u> <u>215-246-3000</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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