

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000003642

1. Entity Name

RAIT SABEL KEY MANAGER, INC.



Principal Place of Business

1818 MARKET ST., 28TH FLOOR
PHILADELPHIA, PA 19103

Mailing Address

1818 MARKET ST., 28TH FLOOR
PHILADELPHIA, PA 19103

DO NOT WRITE IN THIS SPACE

FILED

05 JUL 26 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122005 No Chg-P CR2E034 (10/03)

4. FEI Number

52-2365840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNROE, W. BRDLEY ESQ.
239 E. VIRGINIA ST.
TALLAHASSEE, FL 32301

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE C
NAME COHEN, BETSY Z
STREET ADDRESS 1818 MARKET ST., 28TH FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE DP
NAME SCHAEFFER, SCOTT
STREET ADDRESS 1818 MARKET ST., 28TH FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE V
NAME DISTEFANO, ELLEN J
STREET ADDRESS 1818 MARKET ST., 28TH FLOOR
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE DT
NAME TREATMAN, HOWARD P
STREET ADDRESS 1831 CHESTNUT ST.
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE V
NAME CURRY, JOHN J
STREET ADDRESS 1831 CHESTNUT ST.
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/23/05--01043--024 **800.00

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #