

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003642

FILED  
Mar 08, 2011  
Secretary of State

**Entity Name:** RAIT SABEL KEY MANAGER, INC.

**Current Principal Place of Business:**

2929 ARCH ST  
17TH FL  
PHILADELPHIA, PA 19104

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HARVEST EQUITIES INC  
1525 LOCUST ST STE 1301  
PHILADELPHIA, PA 19102

**New Mailing Address:**

**FEI Number:** 52-2365840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: COHEN, BETSY Z  
Address: 2929 ARCH ST 17TH FLOOR  
City-St-Zip: PHILADELPHIA, PA 19104

Title: DP  
Name: SCHAEFFER, SCOTT  
Address: 2929 ARCH ST 17TH FLOOR  
City-St-Zip: PHILADELPHIA, PA 19104

Title: DT  
Name: TREATMAN, HOWARD P  
Address: 1525 LOCUST ST STE 1301  
City-St-Zip: PHILADELPHIA, PA 19102

Title: V  
Name: CURRY, JOHN J  
Address: 1525 LOCUST ST STE 1301  
City-St-Zip: PHILADELPHIA, PA 19102

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD P TREATMAN

VP

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date