

#150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 20 PM 12: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005044

1. Entity Name

RAIT BAYSIDE MANAGER, INC.



Principal Place of Business

1818 MARKET STREET, 28TH FLOOR  
PHILADELPHIA, PA 19103

Mailing Address

1818 MARKET STREET, 28TH FLOOR  
PHILADELPHIA, PA 19103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

07272004

Chg-P

CR2E034 (10/03)

04

4. FEI Number

54-2076530

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MUNROE, W. BRADLEY ESQ.  
239 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301

## 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

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 8, 20049. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	COHEN, BETSY Z	
STREET ADDRESS	1818 MARKET STREET, 28TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHAEFFER, SCOTT F	
STREET ADDRESS	1818 MARKET STREET, 28TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	

TITLE	V	<input type="checkbox"/> Delete
NAME	DISTEFANO, ELLEN J	
STREET ADDRESS	1818 MARKET STREET, 28TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	

TITLE	DT	<input type="checkbox"/> Delete
NAME	TREATMAN, HOWARD P	
STREET ADDRESS	1831 CRESNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	

TITLE	V	<input type="checkbox"/> Delete
NAME	CURRY, JOHN J	
STREET ADDRESS	1931 CRESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1831 Chestnut Street, Suite 702	
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1831 Chestnut Street, Suite 702	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLEN J. DISTEFANO

8/18/04

215-861-7918

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