

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006312
 1. Entity Name
 WILMINGTON FINANCE, INC.



Principal Place of Business Mailing Address
 401 PLYMOUTH ROAD, STE. 400 401 PLYMOUTH ROAD, STE. 400
 ATTN: CARL LUTZ ATTN: CARL LUTZ
 PLYMOUTH MEETING, PA 19462 PLYMOUTH MEETING, PA 19462



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0356097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EGAN, DANIEL JAMES 401 PLYMOUTH ROAD, STE. 400 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HAYES, TIMOTHY H 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP LUTZ, CARL P 401 PLYMOUTH RD PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO SCHIANO, JERRY 401 PLYMOUTH ROAD, STE. 400 PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDRIX, BEN D 601 NW 2ND ST EVANSVILLE, IN 47708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROACH, GEORGE 195 RIVER BEND DR CHARLOTTESVILLE, VA 22911

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 01/15/04-80013-003 150.00

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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 all other like empowered.

SIGNATURE: Daniel J. Egan Daniel J. Egan 1/13/04 610-943-2895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #