

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90055 002 ***150.00

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1. Entity Name

ANNEXUS STORAGE & CARTAGE, INC.



Principal Place of Business

**1150 FIRST AVENUE, SUITE 390
KING OF PRUSSIA PA 19406**

Mailing Address

**1150 FIRST AVENUE, SUITE 390
KING OF PRUSSIA PA 19406**

03000749



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-3094001

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **EPSTEIN, ERIC**
STREET ADDRESS **450 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☐ Delete
NAME **DAVENPORT, ROBERT**
STREET ADDRESS **450 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **D** ☐ Delete
NAME **LARSEN, KURT**
STREET ADDRESS **PO BOX 683130**
CITY-ST-ZIP **PARK CITY UT 84068**

TITLE **DC** ☐ Delete
NAME **SCHAFER, MICHAEL B**
STREET ADDRESS **1150 FIRST AVENUE, SUITE 390**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE **DP** ☐ Delete
NAME **HAMMILL, DENNIS C**
STREET ADDRESS **1150 FIRST AVENUE, SUITE 390**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE **CT** ☐ Delete
NAME **SCHWENK, RICHARD C JR**
STREET ADDRESS **1150 FIRST AVENUE, SUITE 390**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: *Richard C. Schwenk Jr* **RICHARD C. SCHWENK JR** 2/29/04 410-245-6065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #