


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90127 035 \*\*\*150.00

**DOCUMENT # F04000006736**

1. Entity Name  
**SANTANA ACQUISITION CORP**



Principal Place of Business <b>1300 MAYLERT AVE.          SCRANTON, PA 18509</b>	Mailing Address <b>1300 MAYLERT AVE.          SCRANTON, PA 18509</b>
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**50029816**



02182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>77-0642230</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV SHEEHAN, JOHN P 140 PARSONAGE HILL ROAD SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORSO, JOHN L 3701 CONNECTICUT AVE. #608 WASHINGTON, DC 20008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, DOUGLAS H 1750 TYSONS BLVD. SUITE 200 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLUESTEIN, MICHAEL D 1750 TYSONS BLVD. SUITE 200 MCLEAN, VA 22102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Patrick J. Sheridan* **Patrick J. Sheridan** 2/21/05 **570 504 1270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #