## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # F0500003029 1. Entity Name THE TIOGA GROUP, INC.

FILED Mar 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1617 JOHN F. KENNEDY BLVD., SUITE 1252 PHILADELPHIA, PA 19103 1617 JOHN F. KENNEDY BLVD., SUITE 1252 PHILADELPHIA, PA 19103



03072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 23-3044796

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARDER, FRANK R 1617 JOHN F. KENNEDY BLVD., SUI PHILADELPHIA, PA 19103	TE 1252			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NIEMAN, STEPHEN C 1572 STANLEY DOLLAR DRIVE, SUITE 2A WALNUT CREEK, CA 94595			U00000662068 03/20/07-80068-005	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, DANIEL S 288 RHEEM BLVD. MORAGA, CA 94556			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
ITILE NAME STREET AODRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 chapter in an address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/7/07

215-357-2142

Date

Daytime Phone #