

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000006477**

1. Entity Name  
**SETON ACQUISITION, INC.**



Principal Place of Business  
**101 EISENHOWER PARKWAY  
ROSELAND, NJ 07068**

Mailing Address  
**1000 MADISON AVENUE  
NORRISTOWN, PA 19403**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-2845011**

Applied For  
Not Applicable

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	KALTENBACHER, PHILIP D
STREET ADDRESS	101 EISENHOWER PARKWAY
CITY-ST-ZIP	ROSELAND, NJ 07068
TITLE	PS
NAME	DEMAJISTRE, ROBERT
STREET ADDRESS	1000 MADISON AVENUE
CITY-ST-ZIP	MORRISTOWN, PA 19403
TITLE	T
NAME	EVANS, ERIC S
STREET ADDRESS	1000 MADISON AVENUE
CITY-ST-ZIP	MORRISTOWN, PA 19403
TITLE	V
NAME	TRECHAK, PERRY
STREET ADDRESS	101 EISENHOWER PARKWAY
CITY-ST-ZIP	ROSELAND, NJ 07068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000570602  
07/18/06-80001-007 550.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/05/06 610-666-9600