

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003174

1. Entity Name
COZEN O'CONNOR, PC



Principal Place of Business
**1900 MARKET STREET
PHILADELPHIA, PA 19103**

Mailing Address
**1900 MARKET STREET
PHILADELPHIA, PA 19103**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
23-1732832

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 Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	COZEN, STEPHEN A
STREET ADDRESS	1900 MARKET STREET
CITY-STATE-ZIP	PHILADELPHIA, PA 19103
TITLE	PD
NAME	O'CONNOR, PATRICK J
STREET ADDRESS	1900 MARKET STREET
CITY-STATE-ZIP	PHILADELPHIA, PA 19103
TITLE	CEO
NAME	O'CONNOR, PATRICK J
STREET ADDRESS	1900 MARKET STREET
CITY-STATE-ZIP	PHILADELPHIA, PA 19103
TITLE	V
NAME	CUNNINGHAM, JOHN J
STREET ADDRESS	1900 MARKET STREET
CITY-STATE-ZIP	PHILADELPHIA, PA 19103
TITLE	VS
NAME	GLADSTONE, HENRY A
STREET ADDRESS	1900 MARKET STREET
CITY-STATE-ZIP	PHILADELPHIA, PA 19103
TITLE	VTAS
NAME	ELLMAN, DAVID E
STREET ADDRESS	1900 MARKET STREET
CITY-STATE-ZIP	PHILADELPHIA, PA 19103

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05/22/08-80029-005 150.00

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #