

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000004985

1. Entity Name
KIDSPACE SERVICES, INC.



Principal Place of Business
3438 ROUTE 309
OREFIELD, PA 18069

Mailing Address
3438 ROUTE 309
OREFIELD, PA 18069

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
76-0832623

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000558650
09/03/08-80005-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC HENDERSON, LORRIE 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVP SLACK, MICHAEL 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GAYLE, NORRIS 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SLATTERY, PATRICK 4085 INDEPENDENCE DRIVE SCHNECKSVILLE, PA 18078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HULSIZER, KEVIN 3438 ROUTE 309 OREFIELD, PA 18069
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 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 617, 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: KEVIN L HULSIZER, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-08 610-799-8110

Date

Daytime Phone #