

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005294

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** CONDON AND SKELLY, INC.

**Current Principal Place of Business:**

121 E. KINGS HIGHWAY  
SUITE 203  
MAPLE SHADE, NJ 08052

**New Principal Place of Business:**

**Current Mailing Address:**

555 NORTH LANE  
SUITE 6060  
CONSHOHOCKEN, PA 19428

**New Mailing Address:**

**FEI Number:** 22-1762320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MCKERNAN, GEOFFERY T  
Address: 555 NORTH LANE SUITE 6060  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: P  
Name: WILLIAM, MCKERNAN  
Address: 555 NORTH LANE SUITE 6060  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: S  
Name: MCKERNAN, GEOFFERY T  
Address: 555 NORTH LANE SUITE 6060  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: COO  
Name: WILLIAM, KANEHANN  
Address: 555 NORTH LANE SUITE 6060  
City-St-Zip: CONSHOHOCKEN, PA 19428

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEOFFERY T MCKERNAN

CEO

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date