2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002116

Entity Name: PREFERRED UNLIMITED INC.

FILED Jun 25, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1001 E. HECTOR STREET, SUITE 100 CONSHOHOCKEN, PA 19428

Current Mailing Address: New Mailing Address:

1001 E. HECTOR STREET, SUITE 100 CONSHOHOCKEN, PA 19428

FEI Number: 26-3771867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

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

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: PRFS

Name: O'NEILL, MICHAEL G

1001 E. HECTOR STREET, SUITE 100 Address: City-St-Zip: CONSHOHOCKEN, PA 19428

Title: **SVPT**

BALITSARIS, MICHAEL P Name:

1001 E. HECTOR STREET, SUITE 100 Address: City-St-Zip: CONSHOHOCKEN, PA 19428

SVPS Title:

TRAYNOR, KEVIN J JR Name:

1001 E. HECTOR STREET, SUITE 100 Address: City-St-Zip: CONSHOHOCKEN, PA 19428

Title: SVP

DOYLE, T.J. Name:

Address: 1001 E. HECTOR STREET, SUITE 100

City-St-Zip: CONSHOHOCKEN, PA 19428

Title:

Name: MCKEEVER, MATTHEW W

1001 E. HECTOR STREET, SUITE 100 Address: 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: LAURA LOUIS POA 06/25/2010