

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000003221

1. Entity Name
WILLIAM A. GRAHAM COMPANY



Principal Place of Business
THE GRAHAM BUILDING
ONE PENN SQUARE WEST
PHILADELPHIA, PA 19102

Mailing Address
THE GRAHAM BUILDING
ONE PENN SQUARE WEST
PHILADELPHIA, PA 19102

FILED
Jun 23, 2008 08:00 AM
Secretary of State



06122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1570876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	GRAHAM, WILLIAM A IV
STREET ADDRESS	828 CONSHOHOCKEN STATE ROAD
CITY-STATE-ZIP	GLADWYNE, PA 19035

TITLE	VD
NAME	MITCHELL, MICHAEL J
STREET ADDRESS	1295 BRIGHTON WAY
CITY-STATE-ZIP	NEWTOWN SQUARE, PA 19073

TITLE	VD
NAME	EWELL, KENNETH L
STREET ADDRESS	8 PENNY LANE
CITY-STATE-ZIP	MEDFORD, NJ 08055

TITLE	V
NAME	A. PETER PRINSEN, ESQUIRE
STREET ADDRESS	223 SOUTH 24TH STREET
CITY-STATE-ZIP	PHILADELPHIA, PA 19103

TITLE	VS
NAME	JONES, MARGARET C
STREET ADDRESS	131 SUGARTOWN ROAD
CITY-STATE-ZIP	DEVON, PA 19333

TITLE	V
NAME	LEIGHTON, MICHELLE M
STREET ADDRESS	4 PEBBLE LANE
CITY-STATE-ZIP	BLACKWOOD, NJ 08012

U00000953325
06/23/08-80001-021 150.00

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Mitchell 215-567-6300
Date Daytime Phone #

6-19-08