



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90205 018 \*\*\*150.00

<b>DOCUMENT # F82345</b> 1. Entity Name <b>STORER DISBURSEMENTS, INC.</b>					
Principal Place of Business <b>1500 MARKET STREET 36TH FLOOR PHILADELPHIA, PA 19102-2148 US</b>			Mailing Address <b>1500 MARKET ST. TAX DEPARTMENT PHILADELPHIA, PA 19102</b>		
2. Principal Place of Business <b>1500 MARKET STREET</b> Suite, Apt. #, etc. <b>TAX DEPARTMENT</b>		3. Mailing Address  Suite, Apt. #, etc.			
City & State <b>PHILADELPHIA, PA</b>		City & State		4. FEI Number <b>59-2191584</b>	
Zip <b>19102</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BURKE, STEPHEN B STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Delete		TITLE P NAME ROBERTS, BRIAN L STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME BACKSTROM, C. STEPHEN STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME SMITH, LAWRENCE S STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SMITH, LAWRENCE S 1500 MARKET STREET PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BLOCK, ARTHUR STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VSD BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME ALCHIN, JOHN STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME COHEN, DAVID L STREET ADDRESS 1500 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP V COHEN, DAVID L 1500 MARKET STREET PHILADELPHIA, PA 19102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>C. S. Backstrom</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>C. STEPHEN BACKSTROM</b> Date <u>4/27/04</u> Daytime Phone # <u>215-981-7557</u>		