

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90150 038 ***150.00

DOCUMENT # F82345

1. Entity Name
STORER DISBURSEMENTS, INC.



Principal Place of Business
**1500 MARKET STREET
TAX DEPARTMENT
PHILADELPHIA, PA 19102 US**

Mailing Address
**1500 MARKET STREET
TAX DEPARTMENT
PHILADELPHIA, PA 19102 US**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2191584

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBERTS, BRIAN L
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	V
NAME	BACKSTROM, C. STEPHEN
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	V
NAME	SMITH, LAWRENCE S
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VSD
NAME	BLOCK, ARTHUR R
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	VT
NAME	ALCHIN, JOHN
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102
TITLE	V
NAME	COHEN, DAVID L
STREET ADDRESS	1500 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19102

**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

C. STEPHEN BACKSTROM

Date

Daytime Phone #

4/26/06 215-981-7557