


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90110 031 \*\*\*150.00

<b>DOCUMENT # F82345</b>		
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
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40081044



2. Principal Place of Business - No P.O. Box # 1701 JOHN F KENNEDY BLVD	3. Mailing Address 1701 JOHN F KENNEDY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PHILADELPHIA PA	City & State PHILADELPHIA PA
Zip 19103-2838	Country USA

04152008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2191584	Applied For <input type="checkbox"/> Not Applicable
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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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, BRIAN L 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACKSTROM, C. STEPHEN 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLOCK, ARTHUR R 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALCHIN, JOHN 1500 MARKET STREET PHILADELPHIA, PA 19102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T KENNETH MIKALAUSKAS 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, DAVID L 1500 MARKET STREET PHILADELPHIA, PA 19102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1701 JOHN F KENNEDY BLVD PHILADELPHIA PA 19103-2838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. S. Backstrom C. STEPHEN BACKSTROM, VP 4/21/08 215-286-7557