

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90413 028 ***150.00

DOCUMENT # F93000000042
 1. Entity Name
HORNOR, TOWNSEND & KENT INCORPORATED



Principal Place of Business 600 DRESHER ROAD C1C HORSHAM, PA 19044	Mailing Address 600 DRESHER ROAD C1C HORSHAM, PA 19044
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-1706189	Applied For 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 SOUTH PINE ISLAND ROAD
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO MILLER, RICHARD J 600 DRESHER ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POLAKOWSKI, ^{STACEY} STANEY N 600 DRESHER ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BEST, JR, FRANKLIN L 600 DRESHER ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP D'AMBRISI, PHILLIP LAZARUS, NORMAN R 600 DRESHER ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COO D'AMBRISI, PHILLIP LAZARUS, NORMAN R 600 DRESHER ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Stacey Polakowski **STACEY POLAKOWSKI** 4/25/07 215 956 8208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #