


made 5/18/05

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90016 045 \*\*\*550.00

DOCUMENT # F93000000130		
1. Entity Name BRODER BROS., CO.		

Principal Place of Business 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124	Mailing Address <del>401 EAST HUNTING PARK AVENUE</del> <del>PHILADELPHIA PA 19124</del> 6 Neshaminy Interplex 6th Fl Trevose, PA 19053
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/04)

4. FEI Number 38-1911112	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331	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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TYRA, VINCENT 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124 (A) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(A) 6 Neshaminy Interplex 6th Floor Trevose, PA 19053 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS HOLLISTER, DAVID 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124 (A) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as (A) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP BARROCAS, MARK 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124 (A) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as (A) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PUTNAM, GLENN 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124 (A) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as (A) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO HULLINGER, NORMAN 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124 (A) <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as (A) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONARD, EDWARD 401 EAST HUNTING PARK AVENUE PHILADELPHIA PA 19124 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same as (A) <input 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: David Hollister DATE: 5/23/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # (215) 291-8140