

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000001981</b>					
<b>1. Entity Name</b> BRANDYWINE REAL ESTATE MANAGEMENT SERVICES CORPORATION					
<b>Principal Place of Business</b> 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317			<b>Mailing Address</b> P.O. BOX 999 CHADDS FORD, PA 19317		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04022008    Chg-P    CR2E034 (12/06)	
<b>4. FEI Number</b> 23-2713684				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BRANDYWINE FINANCIAL SERVICES CORPORATION BRUCE E. MOORE 2631 MCCORMICK DR, STE. 101 CLEARWATER, FL 33759			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.    DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PTD <b>NAME</b> MOORE, BRUCE E <b>STREET ADDRESS</b> 2 POND'S EDGE DRIVE <b>CITY-ST-ZIP</b> CHADDS FORD, PA 19317	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	U00000952575 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/04/08-80087-010 158.75	
<b>TITLE</b> VS <b>NAME</b> RUSSO, JACK J <b>STREET ADDRESS</b> 2 POND'S EDGE DRIVE <b>CITY-ST-ZIP</b> CHADDS FORD, PA 19317	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MADSON, CURTIS R <b>STREET ADDRESS</b> 2 POND'S EDGE DRIVE <b>CITY-ST-ZIP</b> CHADDS FORD, PA 19317	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> DOYLE, DENISE M <b>STREET ADDRESS</b> 2 POND'S EDGE DRIVE <b>CITY-ST-ZIP</b> CHADDS FORD, PA 19317	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> ALBA, SHARON A <b>STREET ADDRESS</b> 2 POND'S EDGE DRIVE <b>CITY-ST-ZIP</b> CHADDS FORD, PA 19317	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> AS <b>NAME</b> PRICE, ELAINE C <b>STREET ADDRESS</b> 2 POND'S EDGE DRIVE <b>CITY-ST-ZIP</b> CHADDS FORD, PA 19317	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <b>MICHAEL A. WYMAN</b> 4/25/08    610-388-9600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Daytime Phone #</small>					