

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90467 001 \*\*\*300.00

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<b>DOCUMENT # F94000000257</b> 1. Entity Name <b>THE M &amp; T TECHNICAL SERVICES COMPANY</b>					
Principal Place of Business <b>9550 REGENCY SQUARE BLVD STE 400 JACKSONVILLE, FL 32225 US</b>			Mailing Address <b>1717 ARCH ST. 35TH FLOOR PHILADELPHIA, PA 19103</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-0829392</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HUNT, RONALD L</b> <b>9550 REGENCY SQUARE BLVD, STE. 400</b> <b>JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALLOU, ROGER H</b> <b>9550 REGENCY SQUARE BLVD, STE. 400</b> <b>JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BALLOU, ROGER H</b> <b>1717 ARCH STREET, 35TH FLOOR</b> <b>PHILADELPHIA, PA 191032768</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEIDERS, JOSEPH R</b> <b>1717 ARCH ST, 35TH FL.</b> <b>PHILADELPHIA, PA 191032768</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TV</b> <b>ONUR, EROL A</b> <b>9550 REGENCY SQUARE BLVD, STE. 400</b> <b>JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LEWIS, CRAIG H</b> <b>1717 ARCH ST, 35TH FL.</b> <b>PHILADELPHIA, PA 191032768</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>COWAN, GREGORY L</b> <b>1717 ARCH ST, 35TH FL.</b> <b>PHILADELPHIA, PA 191032768</b> <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 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: <i>Erol A. Onur</i> <b>EROL A. ONUR</b>			Date: <b>4/22/04</b>		Daytime Phone #: <b>215-569-2200</b>