

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90133 047 ***150.00

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1. Entity Name
THE M & T TECHNICAL SERVICES COMPANY



Principal Place of Business
**9550 REGENCY SQUARE BLVD
STE 400
JACKSONVILLE, FL 32225 US**

Mailing Address
**1717 ARCH ST.
35TH FLOOR
PHILADELPHIA, PA 19103**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
23-0829392

Applied For
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUNT, RONALD L
STREET ADDRESS 9550 REGENCY SQUARE BLVD, STE. 400
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D
NAME BALLOU, ROGER H
STREET ADDRESS 1717 ARCH ST., 35TH FLR.
CITY-ST-ZIP PHILADELPHIA, PA 191032768

TITLE S
NAME SEIDERS, JOSEPH R
STREET ADDRESS 1717 ARCH ST, 35TH FL.
CITY-ST-ZIP PHILADELPHIA, PA 191032768

TITLE TV
NAME ONUR, EROL A
STREET ADDRESS 9550 REGENCY SQUARE BLVD, STE. 400
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE AS
NAME LEWIS, CRAIG H
STREET ADDRESS 1717 ARCH ST, 35TH FL.
CITY-ST-ZIP PHILADELPHIA, PA 191032768

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

Date

Daytime Phone #

904-805-0700