

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90158 030 ***150.00

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04202005 Chg-P CR2E034 (10/03)

4. FEI Number
23-2573586

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 S. PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | CARTMELL, ELIZABETH | |
| STREET ADDRESS | 1101 MARKET ST. | |
| CITY-ST-ZIP | PHILADELPHIA, PA 19107 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HOLLAND, CHRISTOPHER | |
| STREET ADDRESS | 1101 MARKET ST. | |
| CITY-ST-ZIP | PHILADELPHIA, PA 19107 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MARINO, ALEXANDER | |
| STREET ADDRESS | 1101 MARKET ST | |
| CITY-ST-ZIP | PHILADELPHIA, PA 19107 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LEONARD, WILLIAM | |
| STREET ADDRESS | 1101 MARKET ST. | |
| CITY-ST-ZIP | PHILADELPHIA, PA | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | TIMMINS, MEGAN | |
| STREET ADDRESS | 1101 MARKET ST. | |
| CITY-ST-ZIP | PHILADELPHIA, PA 19107 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREW C. KERIN | |
| STREET ADDRESS | 1101 MARKET STREET | |
| CITY-ST-ZIP | PHILADELPHIA, PA 19107 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | L. FREDERICK SUTHERLAND | |
| STREET ADDRESS | 1101 MARKET STREET | |
| CITY-ST-ZIP | PHILADELPHIA, PA 19107 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/05
Date

215-238-3162
Daytime Phone #

ALEXANDER P. MARINO, VICE PRESIDENT