

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000667

FILED  
Jul 15, 2004  
Secretary of State

Entity Name: REILLY FOAM CORP.

**Current Principal Place of Business:**

3896 WEST ROADS DR.  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

3896 WEST ROADS DR.  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

1101 HECTOR STREET  
CONSHOHOCKEN, PA 19428

FEI Number: 23-1889461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REILLY, CHARLES J  
3896 WEST ROAD DRIVE  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REILLY, CHARLES J  
Address: 1101 HECTOR ST.  
City-St-Zip: CONSHOHOCKEN, PA 19428 21

Title: DVST ( ) Delete  
Name: REILLY, KATHLEEN  
Address: 1101 HECTOR ST.  
City-St-Zip: CONSHOHOCKEN, PA 19428 21

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE TRAYNOR

MS.

07/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date