


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 033 ***150.00

DOCUMENT # F95000002926 1. Entity Name FISHMAN & TOBIN INC.					
Principal Place of Business 625 RIDGE PIKE, BLDG. E THIRD FLOOR CONSHOHOCKEN, PA 19428-3203			Mailing Address 625 RIDGE PIKE, BLDG. E THIRD FLOOR CONSHOHOCKEN, PA 19428-3203		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-1306344 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WALKER, MARIA 60 WELLS ROAD ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Marvin Walker Street Address (P.O. Box Number is Not Acceptable) 60 Wells Road City Orange Park FL Zip Code 32073		
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 <u><i>Marvin Walker</i></u> DATE <u>S-06-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FISHMAN, MARK 625 RIDGE PIKE, BLDG. E, THIRD FLOOR CONSHOHOCKEN, PA 194283203	<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	SD ROSENFELD, JAMES 625 RIDGE PIKE, BLDG. E, THIRD FLOOR CONSHOHOCKEN, PA 194283203	<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	TCFO VETERE, NICHOLAS C 625 RIDGE PIKE, BLDG. E, THIRD FLOOR CONSHOHOCKEN, PA 194283203	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Marvin Walker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>5/29/08</u> Daytime Phone # <u>610-828 8400 x223</u>	

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