2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002926

City-St-Zip:

CONSHOHOCKEN, PA 194283203

FILED May 06, 2009 Secretary of State

Entity Name: FISHMAN & TOBIN INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
625 RIDGE PIKE, BLDG. E THIRD FLOOR CONSHOHOCKEN, PA 194283203					
Current Mailing Address:			New Mailing Address:		
625 RIDGE PIKE, BLDG. E THIRD FLOOR CONSHOHOCKEN, PA 194283203					
FEI Number:	23-1306344	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
WALKER, MARION 600 WELLS ROAD ORANGE PARK, FL 32073 US			WALKER, MARVIN 600 WELLS ROAD ORANGE PARK, FL 3		
The above in the State		ubmits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: MARVIN WALKER				05/06/2009	
	Electron	ic Signature of Registered Agen	t	Date	
		(2)(b), F.S., the corporation did not in Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FISHMAN, MAR 625 RIDGE PIK	Delete { E, BLDG. E, THIRD FLOOR EN, PA 194283203	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSENFELD, J 625 RIDGE PIK	Delete AMES E, BLDG. E, THIRD FLOOR EN, PA 194283203	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VETERE, NICHO	Delete DLAS C E, BLDG. E, THIRD FLOOR	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: NICHOLAS C. VETERE CFO 05/06/2009