

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90096 032 ***550.00

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04262006 Chg-P CR2E034 (11/05)

4. FEI Number
23-2573588

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

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, 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 D ☐ Delete
NAME MILLER, NORMAN
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE D ☐ Delete
NAME HOLLAND, CHRISTOPHER
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE VP ☐ Delete
NAME MARINO, ALEXANDER
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE S ☐ Delete
NAME TIMMINS, MEGAN
STREET ADDRESS 1101 MARKET ST.
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIT ☐ Change ☒ Addition
NAME HOLLAND, CHRISTOPHER
STREET ADDRESS 1101 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alexander P. Marino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALEXANDER P. MARINO, VICE PRESIDENT

4/30/06
Date

215-238-3000
Daytime Phone #