


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90029 004 ***150.00

DOCUMENT # F96000000249	
1. Entity Name DANIEL J. KEATING CONSTRUCTION COMPANY	

Principal Place of Business ONE BALA AVE., STE. 400 BALA CYNWYD, PA 19004	Mailing Address LEGAL DEPT. ONE BALA AVENUE, STE. 400 BALA CYNWYD, PA 19004
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44000040

2. Principal Place of Business 1600 ARCH STREET	3. Mailing Address : Dennis A. Martin 1600 ARCH STREET
Suite, Apt. #, etc. SUITE 300	Suite, Apt. #, etc. SUITE 300

City & State PHILADELPHIA, PA	City & State PHILADELPHIA, PA
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Zip 19103-2028	Country PHILADELPHIA	Zip 19103-2028	Country PHILADELPHIA
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01062004 Chg-P CR2E034 (10/03)

4. FEI Number 23-2009902	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM C/O CT 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KEATING, DANIEL J III ONE BALA AVE., STE. 400 BALA CYNWYD, PA 19004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 19103-2028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VTD COCCHIA, PETER T ONE BALA AVE., STE. 400 BALA CYNWYD, PA 19004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 19103-2028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VSD MARTIN, DENNIS A ONE BALA AVE., STE. 400 BALA CYNWYD, PA 19004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 19103-2028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P STATLER, BRADLEY W ONE BALA AVE SUITE 400 BALA CYNWYD, PA 19004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 19103-2028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Dennis A. Martin**
Executive Vice Pres., 1/12/04 [610-668-4100]
Date Daytime Phone #