

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # F96000000249

1. Entity Name
DANIEL J. KEATING CONSTRUCTION COMPANY



Principal Place of Business
**1600 ARCH STREET
SUITE 300
PHILADELPHIA, PA 19103-2028**

Mailing Address
**1600 ARCH STREET
SUITE 300
PHILADELPHIA, PA 19103-2028**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2009902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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**

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**UN0000217718
02/07/05-80038-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KEATING, DANIEL J III 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COCCHIA, PETER T 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARTIN, DENNIS A 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STATLER, BRADLEY W 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

Date

Daytime Phone #

610 7060-4964