


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000000249 1. Entity Name DANIEL J. KEATING CONSTRUCTION COMPANY	
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Principal Place of Business 1600 ARCH STREET SUITE 300 PHILADELPHIA, PA 19103-2028	Mailing Address 1600 ARCH STREET SUITE 300 PHILADELPHIA, PA 19103-2028
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07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2009902	Applied For 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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000570570
07/17/06-80007-001 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KEATING, DANIEL J III 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COCCHIA, PETER T 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARTIN, DENNIS A 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STATLER, BRADLEY W 1600 ARCH ST., SUITE 300 PHILADELPHIA, PA 191032028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #