

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90044 013 \*\*\*150.00

**DOCUMENT # F96000004306**

1. Entity Name  
BVI INDUSTRIES, INC.



Principal Place of Business  
4667 SOMERTON ROAD  
TREVSE, PA 19053

Mailing Address  
4667 SOMERTON ROAD  
TREVSE, PA 19053

34060300



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
23-1939778

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C-T 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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	BELSINGER, JACK R JR
STREET ADDRESS	2435 WAYLAND RD
CITY-ST-ZIP	BERWYN, PA 19312
TITLE	VVC
NAME	CARROLL, THOMAS F
STREET ADDRESS	1849 WRIGHTSTOWN ROAD
CITY-ST-ZIP	WASHINGTON CROSSING, PA 18977
TITLE	TSD
NAME	DEARNLEY, BRUCE
STREET ADDRESS	565 MASON DRIVE
CITY-ST-ZIP	BLUE BELL, PA 19002
TITLE	D
NAME	CARROLL, CHRISTINE M
STREET ADDRESS	1849 WRIGHTSTOWN ROAD
CITY-ST-ZIP	WASHINGTON CROSSING, PA 18977
TITLE	VP
NAME	MIELE, P M
STREET ADDRESS	940 LONGHORNE YARDLEY RD
CITY-ST-ZIP	LANGHORNE, PA 19047
TITLE	VP
NAME	TILKER, W
STREET ADDRESS	600 ALBRT AVE
CITY-ST-ZIP	LAKEWOOD, NJ 08701

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PM M. Miele v.p.* 2-27-04

Date

215-396-8900

Daytime Phone #