

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 039 ***150.00

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1. Entity Name
BVI INDUSTRIES, INC.



Principal Place of Business
4667 SOMERTON ROAD
TREVOSSE, PA 19053

Mailing Address
4667 SOMERTON ROAD
TREVOSSE, PA 19053

20019012



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1939778

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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)

2-22-05

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

10. OFFICERS AND DIRECTORS

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

PHILIP M. MIELE

2-28-05

Date

215 396-8900

Daytime Phone #