

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90032 006 ***150.00

DOCUMENT # F96000006454

1. Entity Name
PALAFIX LIMITED PARTNER, INC.



Principal Place of Business
**C/O KEATING DEVELOPMENT COMPANY
ONE BALA AVENUE
BALA CYNWYD, PA 19004**

Mailing Address
**C/O LEGAL DEPT
ONE BALA AVENUE
BALA CYNWYD, PA 19004**

34013433



2. Principal Place of Business
1600 Arch St

3. Mailing Address
c/o Legal Department

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
1600 Arch St., Suite 300

02162004

Chg-P

CR2E034 (10/03)

City & State
Philadelphia, PA

City & State
Philadelphia, PA

4. FEI Number
23-2863489

Applied For
Not Applicable

Zip
19103-2028

Country
USA

Zip
19103-2028

Country
USA

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
KEATING III, DANIEL J
1515 LAFAYETTE ROAD
GLADWYNE, PA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SENCINDIVER, MICHAEL V
717 MAIN STREET
RIVERTON, NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MARTIN, DENNIS A
54 E CUTHBERT BLVD
WESTMONT, NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JACOBY, F W
1900 MARKET STREET
PHILADELPHIA, PA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
COCCHIA, PETER T
36 ARLINGTON ROAD
DEVON, PA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
MARTIN, DENNIS A
1600 Arch St., Apt. 1821
Philadelphia, PA 19103-2028** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
COCCHIA, PETER T
455 CHURCH ROAD
DEVON, PA** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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

Dennis A. Martin

2/23/04 610-668-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #