

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # F96000006455

1. Entity Name
KPSCD, INC.



Principal Place of Business
C/O KEATING PARTNERS
1600 ARCH ST., STE 300
PHILADELPHIA, PA 19103

Mailing Address
C/O LEGAL DEPT
1600 ARCH ST., STE 300
PHILADELPHIA, PA 19103



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number
23-2858090

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 S. PINE ISLAND RD
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, 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 PD
NAME KEATING III, DANIEL J
STREET ADDRESS 1515 LAFAYETTE ROAD
CITY-ST-ZIP GLADWYNE, PA

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

TITLE SD
NAME MARTIN, DENNIS A
STREET ADDRESS 1600 ARCH ST., STE 300
CITY-ST-ZIP PHILADELPHIA, PA 19103

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

TITLE T
NAME COCCHIA, PETER T
STREET ADDRESS 455 CHURCH ROAD
CITY-ST-ZIP DEVON, PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000227670
02/14/05-80007-020 150.00

**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

2/8/05

Date

6106604964

Daytime Phone #