

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000006455

1. Entity Name
KPSCD, INC.



Principal Place of Business

1600 ARCH ST.
STE 300
PHILADELPHIA, PA 19103

Mailing Address

1600 ARCH ST.
STE 300
PHILADELPHIA, PA 19103



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2858090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2007 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, DANIEL J III
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	

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IN THIS SPACE**

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05/09/07-80039-015 150.00

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS A MARTIN

Date

4/18/07 610-668-4100

Daytime Phone #