


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90118 048 \*\*\*150.00

|  |  |                           |   |   |  |
|--|--|---------------------------|---|---|--|
| <b>DOCUMENT # F97000001176</b>   |  |                           |   |                                  |  |
| <b>1. Entity Name</b><br>TRIUMPH/JDC COMPANY   |  |                           |   |   |  |
| <b>Principal Place of Business</b><br>5500 NW 21 TERR<br>FT LAUDERDALE AIRPORT HANGER #7<br>FT LAUDERDALE, FL 33309 US   |  |                           | <b>Mailing Address</b><br>1550 LIBERTY RIDGE DRIVE<br>STE 100<br>WAYNE, PA 19087  |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.       |   |   |  |
| City & State   |  | City & State              |   | <b>4. FEI Number</b><br>23-2884213  |  |
| Zip  |  | Country                   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>            |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |                           |   | <b>7. Name and Address of New Registered Agent</b>  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525  |  |                           |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>   |  |                           |   |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____  |  |                           |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |  |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| <b>TITLE</b><br>DC<br><b>NAME</b><br>ILL, RICHARD C<br><b>STREET ADDRESS</b><br>1550 LIBERTY RIDGE DR STE 100<br><b>CITY-ST-ZIP</b><br>WAYNE, PA 19087   | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>VT<br><b>NAME</b><br>BARTHOLDSON, JOHN R<br><b>STREET ADDRESS</b><br>1550 LIBERTY RIDGE DRIVE STE 100<br><b>CITY-ST-ZIP</b><br>WAYNE, PA 19087   | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>EISENSTAEDT, RICHARD M<br><b>STREET ADDRESS</b><br>1550 LIBERTY RIDGE DRIVE STE 100<br><b>CITY-ST-ZIP</b><br>WAYNE, PA 19087   | <input checked="" type="checkbox"/> Delete |                           | <b>TITLE</b><br>S<br><b>NAME</b><br>John B. Wright, II<br><b>STREET ADDRESS</b><br>1550 Liberty Ridge Dr, Ste 100<br><b>CITY-ST-ZIP</b><br>Wayne, P A 19087 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>VORSAS, DAVID<br><b>STREET ADDRESS</b><br>5520 NW 21 TERR, HANGAR #7<br><b>CITY-ST-ZIP</b><br>FORT LAUDERDALE, FL 33309  | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Delete            |                           | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| <b>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.</b> |  |                           |   |   |  |
| <b>SIGNATURE: John R. Bartholdson</b>  |  |                           | 4/6/05 <span style="float: right;">610-251-1000</span>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |                           | Date Daytime Phone #  |   |  |