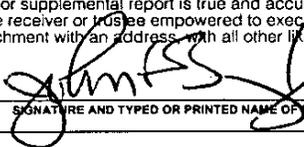


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90067 033 ***150.00

DOCUMENT # F98000000489					
1. Entity Name CONSTAR, INC.					
Principal Place of Business ONE CROWN WAY PHILADELPHIA, PA 19154			Mailing Address ONE CROWN WAY PHILADELPHIA, PA 19154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-0680950	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMAN, MICHAEL J		NAME		
STREET ADDRESS	ONE CROWN WAY		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191544599		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP - Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARETSKI, JOHN		NAME	Baretzki, John	
STREET ADDRESS	ONE CROWN WAY		STREET ADDRESS	One Crown way	
CITY-ST-ZIP	PHILADELPHIA, PA 191544599		CITY-ST-ZIP	Philadelphia, PA 19154-4599	
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLTON, JAMES CT		NAME		
STREET ADDRESS	ONE CROWN WAY		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191544599		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAKSMAN, DAVID		NAME		
STREET ADDRESS	ONE CROWN WAY		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 191544599		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	EVP-CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Walter S. Soban	
STREET ADDRESS			STREET ADDRESS	One Crown way	
CITY-ST-ZIP			CITY-ST-ZIP	Philadelphia, PA 19154-4599	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: 		John Baretzki		Date: _____ Daytime Phone #: 215 856-5550	