

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90136 030 ***150.00

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1. Entity Name
LMC MORTGAGE COMPANY



Principal Place of Business

**15 E. RIDGE PIKE, STE. 350
WHITEMARSH PLAZA
CONSHOHOCKEN, PA 19428**

Mailing Address

**15 E. RIDGE PIKE, STE. 350
WHITEMARSH PLAZA
CONSHOHOCKEN, PA 19428**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
23-2597945

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KEEN, GORDON L JR.
259 NORTH RADNOR-CHESTER RD. RADNOR CT.
RADNOR, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
SLY, JOHN L JR.
WHITEMARSH PLAZA, 15 E. RIDGE PIKE #350
CONSHOHOCKEN, PA 19428**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
YOUNG, ROBERT H JR.
259 N RADNOR-CHESTER RD, RADNOR CT #160
RADNOR, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCNIFF, JOHN P
THREE RADNOR CORPORATE CENTER, STE. 300
WAYNE, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 _____