2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam F M AMEI						:. : :	02-22-2005 9	90015 004 '	***150).00	
Principal Place of Business 250 KING OF PRUSSIA RD RADNOR, PA 19087			Mailing Address 250 KING OF PRUSSIA RD RADNOR, PA 19087				400209			£.	
2. Principal P	ace of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			02142005	Chg-P	CR2E034 ((10/03)		
City & State		City & State	City & State		4. FEI Number 59-2316716					oplied For ot Applicable	
** Zip	Country Zip			Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7Name and	Address of New R	egistered Age	nt _	<u> </u>	
CT CORPORATION SYSTEM					Name						
1200 S. PII	NE ISLAND ROAD ON, FL 33324		Street Address			P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code	e	
	named entity submits this statem ions of registered agent. Signature, typed or printed name of registers					ed agent, or bo	th, in the State of Flo		liar with,	and accept	
	E NOW!!! FEE IS \$150.0 ay 1, 2005 Fee will be \$		ampaign Fina Contribution			00 May Be ed to Fees					
10.	OFFICERS	AND DIRECTORS	11			ADDITIONS.	CHANGES TO OFF	ICERS AND DIF	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MULLIN, ARTHUR W 250 KING OF PRUSSIA RD RADNOR, PA 19087	⊠ Deleta							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, WILLIAM S 250 KING OF PRUSSIA RD RADNOR, PA 19087	□ Delete		me Reet aodress	250 K	R, WILLIAN ING OF PRI R PA 190	JSSIA ROAD	X	Change	Addition	
TITLE _NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, ROBERT R 250 KING OF PRUSSIA RD RADNOR, PA 19087	□ Oelete O.		LE	VPID HARR 250	IS, ROBERT	r Prussia road		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODBURY, ALAN T 250 KING OF PRUSSIA RD RADNOR, PA 19087	□ Delete			Nobas	<u> </u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
indicated	certify that the information supplie on this report or supplemental re poration or the receiver or trustee	port is true and accurate and	that my sign:	ature shall h	ave the s	ame legal effec	ct as if made under o	oath; that I am a	an officer	or director	

changed, or on an attachment with an address, with all other like empowered.

DU AUM Robert R. Harris, St. V.P. 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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