


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L85207 1. Entity Name REUNION STUART, INC.	
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Principal Place of Business C/O DAVID M. KUCHINOS ONE LOGAN SQUARE PHILADELPHIA, PA 19103-6998 US	Mailing Address C/O DAVID M. KUCHINOS ONE LOGAN SQUARE PHILADELPHIA, PA 19103-6998 US
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03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2612494	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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHURCH, JULIA R HELVETIA CT., S. ESPLANADE ST. PETER PORT, GUERNSEY, UK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MOUNTFORD, CHRISTOPHER P HELVETIA CT., S. ESPLANADE ST. PETER PORT, GUERNSEY, UK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLANFIELD, PHILIP J THE WILLOWS, NOCQ ROAD ST SAMPSONS, GUERNSEY, UK
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, RICHARD W HAMPSLEY COTTAGE, RUE COHU CASTEL, GU
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>UN0000267106 03/17/05-80055-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *C.P. Mountford* *R.W. Green* 9 March 2005 01481 719100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C.P. Mountford, Director **R.W. GREEN, Secretary**