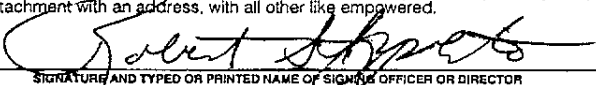


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M62142 1. Entity Name CRC HOLDINGS, INC.			
Principal Place of Business 825 BERKSHIRE BLVD SUITE 200 WYOMISSING, PA 19610 US		Mailing Address 825 BERKSHIRE BLVD SUITE 200 WYOMISSING, PA 19610 US	
DO NOT WRITE IN THIS SPACE			
		 03292004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0011722	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent BROCHIN, ROBERT M 200 S. BISCAYNE BLVD., #5300 MIAMI, FL 33131		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000155170 05/05/04-80026-006 300.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO CARLINO, PETER 825 BERKSHIRE BLVD WYOMISSING, PA 19610		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD IPPOLITO, ROBERT 825 BERKSHIRE BLVD WYOMISSING, PA 19610		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert S. Ippolito		4/15/04 Date	610-378-8394 Daytime Phone #