


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # M75983 1. Entity Name F M SOUTHEAST, INC.	
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Principal Place of Business 250 KING OF PRUSSIA ROAD RADNOR, PA 19087	Mailing Address 250 KING OF PRUSSIA ROAD RADNOR, PA 19087
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2510510	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	DO NOT WRITE IN THIS SPACE
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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 restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PTD MULLIN, ARTHUR W 250 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, WILLIAM S 250 KING OF PRUSSIA RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, ROBERT R 250 KING PRUSSIA RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODBURY, ALAN T 250 KING OF PRUSSIA ROAD RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBINSON, ROBERT L 250 KING OF PRUSSIA RD FOLCROFT, PA 19032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000033458
02/09/04-80007-003 150.00

DO NOT WRITE 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: Robert R. Harris 1/21/04 610-9104-7081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #