

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M75983

Entity Name: F M SOUTHEAST, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

250 KING OF PRUSSIA ROAD
RADNOR, PA 19087

New Principal Place of Business:

1055 WESTLAKES DRIVE
SUITE 300
BERWYN, PA 19312 US

Current Mailing Address:

250 KING OF PRUSSIA ROAD
RADNOR, PA 19087

New Mailing Address:

1055 WESTLAKES DRIVE
SUITE 300
BERWYN, PA 19312 US

FEI Number: 23-2510510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIMEMMO, JOSEPH
Address: 250 KING OF PRUSSIA RD.
City-St-Zip: RADNOR, PA 19087

Title: TD () Delete
Name: STEWART, SARAH L
Address: 250 KING PRUSSIA RD
City-St-Zip: WAYNE, PA 19087

Title: S (X) Delete
Name: BYRON, THERESA A
Address: 250 KING OF PRUSSIA ROAD
City-St-Zip: RADNOR, PA 19087

Title: VPD (X) Delete
Name: ROBINSON, ROBERT L
Address: 250 KING OF PRUSSIA RD
City-St-Zip: RADNOR, PA 19087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIMEMMO, JOSEPH
Address: 1055 WESTLAKES DRIVE, SUITE 300
City-St-Zip: BERWYN, PA 19312

Title: VPD (X) Change () Addition
Name: ROBINSON, ROBERT L
Address: 1055 WESTLAKES DRIVE
City-St-Zip: BERWYN, PA 19312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. ROBINSON

VPD

01/14/2009

Electronic Signature of Signing Officer or Director

Date