

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90668 011 ***150.00

DOCUMENT # P00000041508

1. Entity Name

HI/WILLOWCHASE, INC.



Principal Place of Business

C/O URDANG & ASSOCIATES
630 WEST GERMANTOWN PIKE #321
PLYMOUTH MEETING PA 19462

Mailing Address

C/O URDANG & ASSOCIATES
630 WEST GERMANTOWN PIKE #321
PLYMOUTH MEETING PA 19462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

City & State

Suite, Apt. #, etc.

Suite 300

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

58-2545753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	E. SCOTT URDANG	
STREET ADDRESS	C/O 630 WEST GERMANTOWN PIKE #321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BLUM, DAVID J	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANFILIPPO, VINCENT	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	TC	<input type="checkbox"/> Delete
NAME	FERST, RICHARD J	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRECO, MARK B	
STREET ADDRESS	630 W GERMANTOWN PIKE, SUITE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRESHARN, MELISSA	
STREET ADDRESS	630 W GERMANTOWN PIKE STE 321	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 300	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 300	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	Suite 300	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Suite 300	
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

DAVID J. BLUM 4-6-04

Date

Daytime Phone #

610-834-9500