


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90017 001 ***150.00

DOCUMENT # P03000142909 1. Entity Name PMSI, INC.			
Principal Place of Business 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	
2. Principal Place of Business 1300 Morris Drive Suite, Apt. #, etc.		3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc.	
City & State Chesterbrook, PA Zip 19087 Country USA		City & State Chesterbrook, PA Zip 19087 Country USA	
4. FEI Number 56-2422696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV SHIELDS, WILLIAM G 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SV? <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEIDNER, DAVID A 1300 MORRIS DRIVE CHESTERBROOK, FL 19087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P + CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCA SCHEELS, JOHN 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + Asst Secretary Richard M. Greenhale 1300 Morris Drive Chesterbrook, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVS SPRAGUE, WILLIAM D 1300 MORRIS DR CHESTERBROOK, PA 190875594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP + S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DR CHESTERBROOK, PA 190875594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Daniel T. Hirst</u> DANIEL T. HIRST 3/17/2005 610 277 700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			