

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023774

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** STIEFEL RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

ONE FRANKLIN PLAZA  
PHILADELPHIA, PA 19101

**New Principal Place of Business:**

ONE FRANKLIN PLAZA  
200 N 16TH ST.  
PHILADELPHIA, PA 19102

**Current Mailing Address:**

ONE FRANKLIN PLAZA  
PHILADELPHIA, PA 19101

**New Mailing Address:**

ONE FRANKLIN PLAZA  
200 N 16TH ST.  
PHILADELPHIA, PA 19102

**FEI Number:** 20-4404150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUMPHRIES, WILLIAM  
Address: ONE FRANKLIN PLAZA 200 N 16TH ST  
City-St-Zip: PHILADELPHIA, PA 19102

Title: VSD  
Name: MOSHER, WILLIAM  
Address: ONE FRANKLIN PLAZA 200 N 16TH STREET  
City-St-Zip: PHILADELPHIA, PA 19102

Title: T  
Name: KLIJIAN, AUDREY  
Address: ONE FRANKLIN PLAZA 200 E. RANDOLPH ST.  
City-St-Zip: PHILADELPHIA, PA 19102

Title: AT  
Name: VOJIR, NORMAN  
Address: ONE FRANKLIN PLAZA  
City-St-Zip: PHILADELPHIA, PA 19102

I hereby 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 all other like empowered.

SIGNATURE: NORMAN VOJIR

AT

04/26/2011

Electronic Signature of Signing Officer or Director

Date