

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000023774

FILED
Apr 19, 2012
Secretary of State

Entity Name: STIEFEL RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: VOJIR, NORMAN
Address: ONE FRANKLIN PLAZA 200 N 16TH STREET
City-St-Zip: PHILADELPHIA, PA 19102

Title: AT
Name: LYONS, JAN
Address: ONE FRANKLIN PLAZA 200 N 16TH STREET
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: JAN LYONS

AT

04/19/2012

Electronic Signature of Signing Officer or Director

Date