2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #P09 ST OF PANAMA C							04-25-20	008 90110	006 ***150).00
1500 MARKI	ce of Business ET STREET HA, PA 19102 US		Mailing Address 1500 MARKET STREET TAX DEPARTMENT PHILADELPHIA, PA 191		US 1	•	L FORT (86) IJA	88118 1210 BK o r	91111 EBN B1811 518	i olak ulbi aibi o	B erne & 1 20 6
Principal Place of Business - No P.O. Box # 1701 JOHN F KENNEDY BLVD Suite, Apt. #, etc.			3. Mailing Address 1701 JOHN F KENNEDY BLVD Suite, Apt. #, etc.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			25034 (13/06)	
City & State PHILADELPHIA PA			City & State PHILADELPHIA PA				04152008 4. FEI Numbe 13-332		UNZ	<u> </u>	pplied For ot Applicable
Zip	03-2838 Country	USA	Zip 19103-2838	Coun	ntry USA	A	5. Certificate		sired	\$8.75 Ad	ditional
	6. Name and Addres				<u>-</u>	<u>, </u>	7. Name and	Address of	New Register		30
cope					Name					<u> </u>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
		,			City					Zip Coo	de .
8. The above	named entity submits th	is statement for	the purpose of changing its r	register		onistere	od agent, or hol	h in the State	-	L	
the obligat	tions of registered agent.	15 Statement	the purpose or crianging its .	(egiaici)	ea onice or	egisier	to agem, or but	In, in tile otan	e oi riuliya. 11	am tarranai wini	, and accept
SIGNATURE											
0.0	Signature, typed or printed name										
	Signature, typec or privated tame	o: registered agent an	nd tille if applicable. (NOTE	Registered	o Agent signature	e required v	when reinstating)		DA	TE .	••••
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I nereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

C. STEPHEN BACKSTROM, VP

215-286-7557

Daytime Phone #