


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90107 008 ***150.00

| | | | |
|--|--|---|--|
| DOCUMENT #P09749 1. Entity Name RADNOR/EDGEWATER, INC. | |  | |
| Principal Place of Business 1801 MARKET ST PHILADELPHIA, PA 19103 US | | Mailing Address 1801 MARKET ST PHILADELPHIA, PA 19103 US | |
| 2. Principal Place of Business 1735 Market Street Suite, Apt. #, etc. Suite LL City & State Philadelphia, PA Zip 19103 Country USA | | 3. Mailing Address 1735 Market Street Suite, Apt. #, etc. Suite LL City & State Philadelphia, PA Zip 19103 Country USA | |
| 4. FEI Number 23-2402273 | | 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 CT CORPORATION SYSTEM 1200 S. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00 | | 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 PD NAME MULHOLLAND, P. A. STREET ADDRESS 1801 MARKET ST CITY-ST-ZIP PHILADELPHIA, PA 19103 | <input type="checkbox"/> Delete | TITLE AS NAME M.L. PRESTON STREET ADDRESS 1735 Market Street, 27th Floor CITY-ST-ZIP Philadelphia, PA 19103 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE AS NAME GERNER, E.C. STREET ADDRESS 1801 MARKET ST. 17TH FLOOR CITY-ST-ZIP PHILADELPHIA, PA 19103 | <input checked="" type="checkbox"/> Delete | TITLE S NAME DILUCIDO, LORETTA STREET ADDRESS 1801 MARKET ST. 17TH FLOOR CITY-ST-ZIP PHILADELPHIA, PA 19103 | <input type="checkbox"/> Delete |
| TITLE ASAT NAME MCKEEVER, JOHN J STREET ADDRESS 1801 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19103 | <input type="checkbox"/> Delete | TITLE 1735 Market Street, 27th Floor STREET ADDRESS Philadelphia, PA 19103 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VT NAME SZILIER, GEORGE J STREET ADDRESS 1801 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19103 | <input type="checkbox"/> Delete | TITLE 1735 Market Street, 15th Floor STREET ADDRESS Philadelphia, PA 19103 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VT NAME SZILIER, GEORGE J STREET ADDRESS 1801 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19103 | <input type="checkbox"/> Delete | TITLE 1735 Market Street, 28th Floor STREET ADDRESS Philadelphia, PA 19103 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VT NAME SZILIER, GEORGE J STREET ADDRESS 1801 MARKET STREET CITY-ST-ZIP PHILADELPHIA, PA 19103 | <input type="checkbox"/> Delete | TITLE 1735 Market Street, 28th Floor STREET ADDRESS Philadelphia, PA 19103 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby 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: S.J. Dilucido <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 2-20-2006 <small>Date</small> | |
| Loaie Dilucido <small>Daytime Phone #</small> | | | |