


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90021 017 ***150.00

DOCUMENT # P09749 1. Entity Name RADNOR/EDGEWATER, INC.					
Principal Place of Business 1735 MARKET ST STE LL PHILADELPHIA, PA 19103 US			Mailing Address 1735 MARKET ST STE LL PHILADELPHIA, PA 19103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2402273	
Zip		Country		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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHOLLAND, P. A.		NAME	PAUL A. Mulholland	
STREET ADDRESS	1801 MARKET ST		STREET ADDRESS	1735 MARKET ST, 28th Floor	
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP	Philadelphia, PA 19094	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTON, M.L.		NAME		
STREET ADDRESS	1735 MARKET ST, 27TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILUCIDO, LORETTA		NAME		
STREET ADDRESS	1735 MARKET ST, 27TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEEVER, JOHN J		NAME		
STREET ADDRESS	1735 MARKET ST, 15TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZILIER, GEORGE J		NAME	TREASURER George J. Szilier	
STREET ADDRESS	1735 MARKET ST, 28TH FLOOR		STREET ADDRESS	1735 MARKET ST, 28th Floor	
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP	Philadelphia, PA 19094	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOWAL, KATRIA		NAME		
STREET ADDRESS	1735 MARKET ST 27TH FL		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19103		CITY-ST-ZIP		
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: <i>Loretta J. DiLucido</i> <i>George J. Szilier</i> <i>Loretta J. DiLucido, Secretary</i> <i>1-8-08</i> <i>215-977-6236</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					