



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90120 014 \*\*\*550.00

<b>DOCUMENT # P17591</b> 1. Entity Name <b>DELSAC VIII, INC.</b>					
Principal Place of Business <b>1101 MARKET STREET PHILADELPHIA, PA 19107</b>			Mailing Address <b>N1101 MARKET STREET PHILADELPHIA, PA 19107</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		05032004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>23-2449950</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VOZZO, THOMAS P 1101 MARKET STREET PHILADELPHIA, FL 19107</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1101 MARKET STREET PHILADELPHIA, PA 19107</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>AUSTELL, BARBARA 1101 MARKET ST PHILADELPHIA, PA 19107</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHRISTOPHER HOLLAND 1101 MARKET STREET PHILADELPHIA, PA 19107</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>AUSTELL, BARBARA 1101 MARKET ST PHILADELPHIA, PA 19107</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1101 MARKET STREET PHILADELPHIA, PA 19107</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>ROBERTSON, JONATHAN 1101 MARKET STREET PHILADELPHIA, PA 19107</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MARIANALEXANDER P 1101 MARKET STREET PHILADELPHIA, PA 19107</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SUTHERLAND, L F 1101 MARKET STREET PHILADELPHIA, PA 19107</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ALEXANDER P MARINO VICE PRESIDENT</b>			Date <b>4/30/04</b> Daytime Phone # <b>215-238-3000</b>		