


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P17970 |  |
| 1. Entity Name RADNOR/SARASOTA CORPORATION | |

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| Principal Place of Business 1801 MARKET ST PHILADELPHIA, PA 19103 US | Mailing Address 1801 MARKET ST 17TH FLOOR PHILADELPHIA, PA 19103 US |
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 23-2498341 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 5. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000094942
03/24/04-80013-004 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS GERNER, E.C. 1801 MARKET ST., 17TH FL PHILADELPHIA, PA 19103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MULHOLLAND, P.A. 1801 MARKET ST PHILADELPHIA, PA 19103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DELUCIDO, L. J. 1801 MARKET ST., 17TH FL PHILADELPHIA, PA 19103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASAT MCKEEVER, JOHN J 1801 MARKET STREET PHILADELPHIA, PA 19103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV SZILIER, GEORGE J 1801 MARKET STREET PHILADELPHIA, PA 19103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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.

SIGNATURE: L. J. Delucido, Secretary 3-12-04 215-977-6236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #