

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P21840

1. Entity Name
LAUREL OAK REALTY CORPORATION



Principal Place of Business
**1801 MARKET STREET, 17TH FLOOR
PHILADELPHIA, PA 19103 US**

Mailing Address
**1801 MARKET STREET, 17TH FLOOR
PHILADELPHIA, PA 19103 US**



01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2533524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MULHOLLAND, PAUL A
TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
SZILIER, GEORGE J
TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AVP
SHERRILL, WILLIAM A
TEN PENN CENTER, 1801 MARKET STREET
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
GERNER, ELLIC C
1801 MARKET ST 17TH FLOOR
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DILUCIDO, LORRIE
1801 MARKET ST 17TH FLOOR
PHILADELPHIA, PA 19103**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000236154
02/21/05-80006-020 150.00

**DO NOT WRITE
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:

Lorrie Dilucido, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05 215-977-6236

Date

Daytime Phone #