2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-7(P

Secretary of State DOCUMENT # P29675 01-12-2007 90015 040 ***150.00 1. Entity Name PHILADELPHIA FUND, INC. Principal Place of Business Mailing Address 20001185 1200 N. FEDERAL HWY., STE 424 1200 N. FEDERAL HWY., STE 424 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Cha-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 51-0084073 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D ☐ Change X Addition TITLE ☐ Delete TITLE PARSON, DONALD P NAME NAME Edelman, Keith 39503 GLENN GLADE STREET ADDRESS STREET ADDRESS 1200 North Federal Highway #424 CITY - ST- ZIP CHAPEL HILL, NC 27517 CITY-ST-ZIP Boca Raton FL 33432 VST ☐ Delete Change Addition TITLE ROHE, RONALD F NAME NAME Sarro, Diane STREET ADDRESS 1200 N. FEDERAL HWY., STE, 424 STREET ADDRESS 1200 North Federal Highway #424 BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33432 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCARTHUR, KENNETH W NAME NAME STREET ADDRESS 93 RIVERWOOD PARKWAY STREET ADDRESS ETOBICOKE, ONTARIO M8Y 4E4, CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE FLAHERTY, THOMAS J NAME NAME STREET ADDRESS 400 OCEAN ROAD, #175 STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32963 CITY-ST-ZIP X Change ☐ Addition ☐ Delete TITLE TITLE NAME MEYER, ROBERT L NAME Meyer, Robert L. 25 GRIFFIN AVE., P.O. BOX 496 STREET ADDRESS STREET ADDRESS 317 Madison Avenue #1004 CITY-ST-ZIP BEDFORD HILLS, NY 10507 CITY-ST-ZIP New York, NY 10017 Change ☐ Addition TITLE □ Defete TITLE BAXTER, DONALD H NAME NAME 1200 NORTH FEDERAL HIGHWAY #424 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33432 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.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald F. Rohe

01-10-07

561-395-2155

Daytime Phone #

FILED Jan 12, 2007 8:00 am