

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90007 026 ***150.00



01042008 Chg-P CR2E034 (12/06)

DOCUMENT # P29675 1. Entity Name PHILADELPHIA FUND, INC.					
Principal Place of Business 1200 N. FEDERAL HWY., STE 424 BOCA RATON, FL 33432			Mailing Address 1200 N. FEDERAL HWY., STE 424 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 51-0084073	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 FL 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>					
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		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSON, DONALD P		NAME	Edelman, Keith	
STREET ADDRESS	39503 GLENN GLADE		STREET ADDRESS	1200 North Federal Highway #424	
CITY- ST- ZIP	CHAPEL HILL, NC 27517		CITY- ST- ZIP	Boca Raton, FL 33432	
TITLE	VST	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROHE, RONALD F		NAME	Sarro, Diane	
STREET ADDRESS	1200 N. FEDERAL HWY., STE. 424		STREET ADDRESS	1200 North Federal Highway #424	
CITY- ST- ZIP	BOCA RATON, FL 33432		CITY- ST- ZIP	Boca Raton, FL 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCARTHUR, KENNETH W		NAME		
STREET ADDRESS	93 RIVERWOOD PARKWAY		STREET ADDRESS		
CITY- ST- ZIP	ETOBICOKE, ONTARIO M8Y 4E4,		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAHERTY, THOMAS J		NAME		
STREET ADDRESS	400 OCEAN ROAD, #175		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH, FL 32963		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, ROBERT L		NAME		
STREET ADDRESS	317 MADISON AVENUE #1004		STREET ADDRESS		
CITY- ST- ZIP	NEW YORK, NY 10017		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXTER, DONALD H		NAME		
STREET ADDRESS	1200 NORTH FEDERAL HIGHWAY #424		STREET ADDRESS		
CITY- ST- ZIP	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.					
SIGNATURE: <u>Ronald F. Rohe</u> Ronald F. Rohe 1-15-08 561-395 2155 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					