

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P31709**

1. Entity Name  
**DAY & ZIMMERMANN NPS, INC.**



Principal Place of Business  
**1818 MARKET STREET  
PHILADELPHIA, PA 19103**

Mailing Address  
**1818 MARKET STREET  
PHILADELPHIA, PA 19103**

**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**23-2499111**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH 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 reinstalling)

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 PD  
NAME MCMAHON, MICHAEL P  
STREET ADDRESS 1818 MARKET ST  
CITY - ST - ZIP PHILADELPHIA, PA 19103

TITLE S  
NAME FAST, SCOTT L  
STREET ADDRESS 1818 MARKET STREET  
CITY - ST - ZIP PHILADELPHIA, PA 19103

TITLE VPT  
NAME SACHT, JOHN J  
STREET ADDRESS 1818 MARKET ST  
CITY - ST - ZIP PHILADELPHIA, PA 19103

TITLE AT  
NAME CRISTINI, GARY L  
STREET ADDRESS 1818 MARKET ST  
CITY - ST - ZIP PHILADELPHIA, PA 19103

TITLE SVP  
NAME REDDINGTON, TIM J  
STREET ADDRESS 1818 MARKET STREET  
CITY - ST - ZIP PHILADELPHIA, PA 19103

TITLE VP  
NAME FAULL, ROBERT  
STREET ADDRESS 1818 MARKET STREET  
CITY - ST - ZIP PHILADELPHIA, PA 19103

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03/28/05-80027-023 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/05 215-249-2221

Date

Daytime Phone #