

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90213 032 \*\*\*150.00

<b>DOCUMENT # P31709</b> 1. Entity Name <b>DAY &amp; ZIMMERMANN NPS, INC.</b>			
Principal Place of Business <b>1818 MARKET STREET 8TH FLOOR PHILADELPHIA, PA 19103</b>		Mailing Address <b>1818 MARKET STREET 8TH FLOOR PHILADELPHIA, PA 19103</b>	
2. Principal Place of Business - No P.O. Box # <b>1500 SPRING GARDEN STREET</b>		3. Mailing Address <b>1500 SPRING GARDEN ST.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>PHILADELPHIA PA</b>		City & State <b>PHILA PA</b>	
Zip <b>19130</b>		Zip <b>19130</b>	
Country 		Country 	
4. FEI Number <b>23-2499111</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MCMAHON, MICHAEL P 1866 COLONIAL VILLAGE LN 101 LANCASTER, PA 17605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES REDDINGTON, THOMAS J 1866 COLONIAL VILLAGE LN 101 LANCASTER, PA 17605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEPISTO, CHARLES A III 1866 COLONIAL VILLAGE LN 101 LANCASTER, PA 17605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CRISTINI, GARY L 1818 MARKET ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FAST, SCOTT L 1818 MARKET STREET PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DIMAIO, MARYANN 1818 MARKET ST PHILADELPHIA, PA 19103	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Michael McMahon</i>		Date <i>2/26/08</i> Daytime Phone # <i>215-299-2281</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			