

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054891

Entity Name: XL REALTY CORP.

FILED
Jan 22, 2004
Secretary of State

Current Principal Place of Business:

10315 102ND TERRACE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

800 THE SAFEGUARD BLDG
435 DEVON PARK DRIVE
WAYNE, PA 19087

New Mailing Address:

FEI Number: 58-2066290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT () Delete
Name: DAVIS, CHRISTOPHER J
Address: 800 THE SAFEGUARD BLDG 435 DEVON PARK DR
City-St-Zip: WAYNE, PA 19087

Title: AM () Delete
Name: GRENFELL, STEVE
Address: 800 THE SAFEGUARD BLDG, 435 DEVON PK DR.
City-St-Zip: WAYNE, PA 19087

Title: VP () Delete
Name: DE SANTO, JOSEPH
Address: 800 THE SAFEGUARD BLDG 435 DEVON PARK DR
City-St-Zip: WAYNE, PA

Title: VPAS (X) Delete
Name: KLAUDER, N. JEFFREY
Address: 800 THE SAFEGUARD BLDG 435 DEVON PARK DR
City-St-Zip: WAYNE, PA

Title: AS () Delete
Name: BLACKBURN, DEIRDRE
Address: 800 THE SAFEGUARD BLDG 435 DEVON PARK DR
City-St-Zip: WAYNE, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J GRENFELL

AM

01/22/2004

Electronic Signature of Signing Officer or Director

Date