


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000047366 1. Entity Name GENOWA GP, INC.	
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Principal Place of Business 6361 MEETINGHOUSE ROAD NEW HOPE, PA 18938	Mailing Address 6361 MEETINGHOUSE ROAD NEW HOPE, PA 18938
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04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2803168	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEZNAK, C. RONALD 210 W. RITTENHOUSE SQ., #1900 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, DAVID G 210 W. RITTENHOUSE SQ., #1900 PHILADELPHIA, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYSTON, RICHARD D 3423 PIEDMONT ROAD, SUITE 518 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000149750  
05/03/04-80199-008 150.00

**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 another like empowered.

SIGNATURE: David N. Marshall 4-20-04 2158936000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #