

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90275 001 ***450.00

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02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0463923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P LODGE, TED S 225 CITY LINE AVE STE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERLIN, HOWARD E 225 CITY LINE AVE STE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC BLANK, SCOTT A 225 CITY LINE AVE STE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOLER, JOSEPH 225 CITY LINE AVE STE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PAGON, MARSHALL W 225 CITY LINE AVE STE 200 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Scott A Blank **SCOTT A Blank** 3/1/05 **(610) 934 7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #