



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90080 041 ***150.00

DOCUMENT # P94000056391 1. Entity Name SLT TRADING CORPORATION					
Principal Place of Business 111 PRESIDENTIAL BLVD. SUITE 230 BALA CYNWYD, PA 19004			Mailing Address 111 PRESIDENTIAL BLVD. SUITE 230 BALA CYNWYD, PA 19004		
2. Principal Place of Business 101 Seabreeze Blvd. Suite, Apt. #, etc. Management Office City & State Daytona Beach, FL 32118		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3262704				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TRIERSTER, STANTON L 101 SEABREEZE BLVD. DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STANTON, TRIESTER L. 111 PRESIDENTIAL BLVD. STE 230 BALA CYNWYD, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Triester, Stanton L. 101 Seabreeze Blvd. Daytona Beach, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SONIA, TRIESTER C. 35 KINGS HWY EAST STE 112 HADDONFIELD, NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Triester, Sonia C. 35 Kings Highway East Suite 112 Haddonfield, NJ 08033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEAN, NORWORTHY 111 PRESIDENTIAL BLVD. STE 230 BALA CYNWYD, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jean Norsworthy 111 Presidential Blvd., Suite 230 Bala Cynwyd, PA 19004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Maisto, Vincent 35 Kings Highway East, Suite 112 Haddonfield, NJ 08033	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Maisto, Vincent 35 Kings Highway East, Suite 112 Haddonfield, NJ 08033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <i>Jean Norsworthy</i> Jean Norsworthy			1/13/04 (610) 667-5400		