## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #856236**

1. Entity Name THE BALLINGER COMPANY



**FILED** Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business **833 CHESTNUT STREET SUITE 1400** PHILADELPHIA, PA 19107 Mailing Address **833 CHESTNUT STREET SUITE 1400** PHILADELPHIA, PA 19107



02282007

No Chg-P

CR2E034 (11/05)

4. FEI Number 23-1713492

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION** 1200 S. PINE ISLAND ROAD

## DO NOT WRITE

PLANTATION, FL 33324			IN THIS SPACE	
the obligat	named entity submits this statement for the pions of registered agent,	ourpose of changing its registered office	e or registered agent, o	r both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	of applicable. (NOTE: Registered Agent s	ignature required when reinstation	g), DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May B Added to Fees	9
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUSTAFSON, WILLIAM R. 833 CHESTNUT STREET PHILADELPHIA, PA 19107		,	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAKMAUH, EDWARD 833 CHESTNUT STREET PHILADELPHIA, PA 19107			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRENCH, JEFFREY S. 833 CHESTNUT STREET PHILADELPHIA, PA 19107		DO NOT WRITE IN THIS SPACE  800000720409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIEDAN, JONATHAN 833 CHESTNUT STREET PHILADELPHIA, PA 19107			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEELMAN, TERRY 833 CHESTNUT STREET PHILADELPHIA. PA 19107			
NAME STREET ADDRESS CITY-ST-ZIP	V SPANGLER, CRAIG 833 CHESTNUT STREET PHILADELPHIA, PA 19107			05/01/07-80105-004 150.00
12. Thereby 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 affect 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:

SIGNATURE AND TYPE