


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 856236
1. Entity Name
THE BALLINGER COMPANY



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



DO NOT WRITE IN THIS SPACE

04062005 No Chg-P CR2E034 (10/03)

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
PLANTATION, FL 33324**

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**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**

U00000313795
04/18/05 20149-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUSTAFSON, WILLIAM R.
STREET ADDRESS	833 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	V
NAME	JAKMAUH, EDWARD
STREET ADDRESS	833 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	S
NAME	FRENCH, JEFFREY S.
STREET ADDRESS	833 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	V
NAME	FRIEDAN, JONATHAN
STREET ADDRESS	833 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	V
NAME	STEELMAN, TERRY
STREET ADDRESS	833 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107
TITLE	V
NAME	SPANGLER, CRAIG
STREET ADDRESS	833 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA, PA 19107

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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)(f), 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: Jeffrey S. French **JEFFREY S. FRENCH** 4-13-05 (215) 446-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #