

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125465

Entity Name: CAPITAL CITY INC.

Current Principal Place of Business:

2737 SOUTH ALDER STREET
PHILADELPHIA, PA 19148

Current Mailing Address:

2737 SOUTH ALDER STREET
PHILADELPHIA, PA 19148

FEI Number: 20-3596664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name GALLELLI, PASQUALE
Address 2737 SOUTH ALDER STREET
City-State-Zip: PHILADELPHIA PA 19148

Title VP
Name WILLIAMS, RICHARD
Address PO BOX 532
City-State-Zip: BLACKWOOD NJ 08012

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD WILLIAMS

VP

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date