No. C 108784		Due no later than Dec 31, 2013		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MONARCH RECOVERY MANAGEMENT, INC. PAT MCSORLEY 1096 DECATUR ROAD		BOISE ID 83 USA				
NO FILING FEE IF RECEIVED BY DUE DATE		PHILADELPHIA PA 19154-3210 USA		3. <u>New</u> Registere				
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR TREASURER DIRECTOR PRESIDENT SECRETARY	ANTHONY MAZZACANO DIANE MAZZACANO WILLIAM J FULLER WILLIAM FULLER SHARON M TARALLO		10965 DECATUR RD 10965 DECATUR RD. 10965 DECATUR RD. 10965 DECATUR RD. 10965 DECATUR RD.	PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA	PA PA PA PA PA	USA USA USA USA USA	19154 19154 19154 19154 19154	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
PA		Signature: William Fuller			Date: 10/21/2013			
C 108784		Name (type or print): William Fuller			Title: President			
Processed 10/21/2013 * Electronically provided signatures are accepted as original signatures.								