2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

WAYNE PA 19087

3. Mailing Address

838776 **DOCUMENT #**

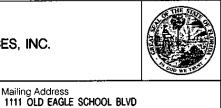
1. Entity Name

WAYNE PA 19087

Principal Place of Business
1111 OLD EAGLE SCHOOL BLVD

2. Principal Place of Business

DE LAGE LANDEN FINANCIAL SERVICES, INC.



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90069 011 ***150.00

JUULUTUU.

Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State			38-1904500		plied For t Applicable	
Zip	Country Zip		Cour	itry	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
or reality and reality of the state of the s				Name					
THE PRENTICE-HALL CORPORATION SYSTEM, INC.									
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)					
1-1									
SUITE 105									
TALLAHASSEE FL 32301				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing \$5.00 May Br			0 мау Ве	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added to Fees			to Fees	
Make Check	Payable to Florida Departmen	t of State							
10.		ND DIRECTORS	11.			HANGES TO OFFICERS A		• 7	
III I	DC	. ⊡ 16e	elete	— ·			Change	Addition	
NAME	SCHELLENS, KAREL				eodore Rad				
STREET ADDRESS 1905 GENERAL ALEXANDER DRIVE					5 Shelbourn				
CITY-ST-ZIP	MALVERN PA 19355		CITY	(-ST-ZIP Pho	oenixville,	PA 19460			
	DEVP	□ De	elete TITL	E DE	4 v		Change	Addition	
	SLAATS, RONALD		NAM	E Des	nis Mccaff	erty			
			STR	ME Denis McCafferty REETADDRESS 106 Charlestown Hunt Drive					
CITY-ST-ZIP MALVERN PA 19355			CITY	IY-ST-ZIP Phoenixville, PA 19460					
TITLE	\$.	☐ De	elete	E Sen	oir Vice Pr	resident	Change	Addition	
NAME	J. ERIC-ATHERHOLT~		. NAM	Æ Mo	nte Grisso	m			
STREET ADDRESS	3665 MORRISON WAY		STR		14 Yordley				
CITY-ST-ZIP	DOYLESTOWN PA 18901		CITY	r-ST-ZIP We	st Chester	PA 19380			
TITLE	DEVP	₽6	elete TITL			,	☐ Change	☐ Addition	
	SHAH, RITESH		NAN	1E					
	49 STONEWALL CIRCLE		STR	EET ADDRESS					
CITY-ST-ZIP	PRINCETON NJ 08540		CITY	/-ST-ZIP					
TITLE	DVC	⊠De	elete TITL	Ε			☐ Change	☐ Addition	
NAME	GROSSO, STEVE	_ 5.	NAM				_ •	_	
	711 SWAMP ROAD			EET ADDRESS					
CITY-ST-ZIP	WRIGHTSTOWN PA 18940	•	CITY	/-ST-ZIP					
TITLE	DEVP	□ De	elete TITL	F			Change	Addition	
	KILLIAN, OWEN M	<u>∟</u> 00	NAM	T T					
	522 CHESHIRE DR			EET ADDRESS				}	
	DOWNINGTOWN PA 19335			/-ST-ZIP					
12. Thereby 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: