

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

05-16-2002 90068 044 ***150.00

DOCUMENT # F01000004804

1. Entity Name
 YOUDECIDE.COM, INC.

Principal Place of Business

4450 RIVER GREEN PARKWAY, SUITE 100
 DULUTH GA 30096

Mailing Address

4450 RIVER GREEN PARKWAY, SUITE 100
 DULUTH GA 30096

2. Principal Place of Business

1601 Chestnut Street

Suite, Apt. #, etc.

7220J

City & State

Philadelphia, PA

Zip

19103

Country

3. Mailing Address

1601 Chestnut Street

Suite, Apt. #, etc.

7220J

City & State

Philadelphia, PA

Zip

19103

Country

4. FEI Number

DO NOT WRITE IN THIS SPACE

58-2656535

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD, ☒ Delete
 NAME RAFAEL C. CATHLEEN
 STREET ADDRESS 120 BLOOMINGDALE ROAD
 CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE VAS, ☒ Delete
 NAME ROTHMAN ALAN
 STREET ADDRESS 120 BLOOMINGDALE ROAD
 CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE S, ☒ Delete
 NAME ALTENBACH JAMES S
 STREET ADDRESS 3290 NORTHSIDE PARKWAY, SUITE 400
 CITY-ST-ZIP ATLANTA GA 30327

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES / DIRECTOR ☐ Change ☒ Addition
 NAME CAROLINE L. VANDERLIP
 STREET ADDRESS 113 Ave of Americas
 CITY-ST-ZIP New York, NY 10036

TITLE VP ☐ Change ☒ Addition
 NAME KENNETH R. GARRETT
 STREET ADDRESS 1601 Chestnut Street
 CITY-ST-ZIP Philadelphia, PA 19103

TITLE SECRETARY ☐ Change ☒ Addition
 NAME CHERYL A. Bowden
 STREET ADDRESS 1601 Chestnut Street
 CITY-ST-ZIP Phila, PA 19103

TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition
 NAME MARK A. ZUNDWEL
 STREET ADDRESS 1601 Chestnut Street
 CITY-ST-ZIP Philadelphia, PA 19103

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME DENNIS M. CLARE
 STREET ADDRESS 1601 Chestnut Street
 CITY-ST-ZIP Phila, PA 19103

TITLE TREASURER ☐ Change ☒ Addition
 NAME WILLIAM T. GARRIGAN
 STREET ADDRESS 1601 Chestnut Street
 CITY-ST-ZIP Phila, PA 19103

13. I hereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)