

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90075 019 ***150.00

US 5150 AI

DOCUMENT # F95000001658
 1. Entity Name
PFG DISTRIBUTION COMPANY

Principal Place of Business Mailing Address
610 W. GERMANTOWN PIKE, SUITE 460 **610 W. GERMANTOWN PIKE, SUITE 460**
PLYMOUTH MEETING PA 19462 **PLYMOUTH MEETING PA 19462**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **23-2795977** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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	
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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 _____ (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.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PO NAME OBERLIES, SUSAN M STREET ADDRESS 610 W. GERMANTOWN P, STE 460 CITY-ST-ZIP PLYMOUTH MEETING PA 19462	<input type="checkbox"/> Delete	TITLE VP, SECRETARY, DIRECTOR NAME DANIEL N. MULLEN STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 460 CITY-ST-ZIP PLYMOUTH MEETING, PA 19462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPCT NAME KEIM, KENT C STREET ADDRESS 610 W. GERMANTOWN PK, STE 460 CITY-ST-ZIP PLYMOUTH MEETING PA 19462	<input type="checkbox"/> Delete	TITLE PRESIDENT NAME DANIEL N. MULLEN STREET ADDRESS 610 W. GERMANTOWN PIKE, SUITE 460 CITY-ST-ZIP PLYMOUTH MEETING, PA 19462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DVPS NAME HILLMAN, JOHN K STREET ADDRESS 610 W. GERMANTOWN PK, STE 460 CITY-ST-ZIP PLYMOUTH MEETING PA 19462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EVP NAME FISCHER, JOHN T STREET ADDRESS 610 W. GERMANTOWN PK, STE 460 CITY-ST-ZIP PLYMOUTH MEETING PA 19462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PRIMMER, ROBERT E STREET ADDRESS ONE AMERICAN ROW CITY-ST-ZIP HARTFORD CT 06112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daniel N. Mullen* **DANIEL N. MULLEN** 1/17/02 484530 4830
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP95034 (01/01)