

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90030 027 ***150.00

DOCUMENT # F97000001910

1. Entity Name

TIMOTHY HAAHS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

PENLLYN PIKE, SUITE 200
 BELL PA 19422

794 PENLLYN PIKE, SUITE 200
 BLUE BELL PA 19422-1669

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

23-2756408

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

7. Name and Address of New Registered Agent

EBERT, E. JAMES
 12431 COCONUT CREEK CT
 FT MYERS FL 33908

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

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

E. James Ebert, VP.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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, 2000 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	CP	<input type="checkbox"/> Delete
NAME	HAAHS, TIMOTHY H	
STREET ADDRESS	1210 KINGSLEY CT	
CITY-ST-ZIP	LOWER GWYNEDD PA 19002	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	ALARCON, PETRONILO C	
STREET ADDRESS	2953 APPLIEDALE RD	
CITY-ST-ZIP	AUDUBON PA 19406	
TITLE	D	<input type="checkbox"/> Delete
NAME	EBERT, E. JAMES	
STREET ADDRESS	12431 COCONUT CREEK CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAAHS, JANICE J	
STREET ADDRESS	1210 KINGSLEY CT	
CITY-ST-ZIP	LOWER GWYNEDD PA 19002	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Janice J. Haahs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice J. Haahs

4/26/00

Date

215-283-0700 X12

Daytime Phone #

CR2E034 (9/99)