F98000006649

(Requestor's Name)					
(Address)					
(Address)					
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(City/State/Zip/Phone #)					
, , , , ,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Ettary reality)					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
}					
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05 APR 25 PH 1: 35

SECRETARY OF STATE
TALLAMASSEE FLORIDA

Office

Temph MAY 03 buts

COVER LETTER

TO:	Amendment Section Division of Corporation	ons		
SUBJ	ECT•	Wetherill	Associ	ates, Inc.
50.00	<i></i>	(Name of	corporatio	on)
DOC	UMENT NUMBER:	F98000006649		
The er	nclosed Statement of Ch	ange of Registered Offi	ce/Agent	and fee are submitted for filing.
Please	return all corresponden	ce concerning this matt	er to the f	ollowing:
		Susan Ricc		
		(Name of c	ontact per	son)
		d York Road, Sui (Ad	company) te 200 dress)	
		Jenkintown, (City/state		
For fu	rther information conce	` •	•	oue)
	Susan Ricci		at (215) 887-0200, ext. 101
	(Name of cont	act person)		215 887-0200, ext. 101 Area code & daytime telephone number)
Enclos	sed is a \$35.00 check ma	ade payable to the Depa	rtment of	State.
	Amer Divîs P.O. 1	ng Address: adment Section ion of Corporations Box 6327 hassee, FL 32314	, we v	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized or to change its registered office or registered	d under the laws of the State of $_{ t D}$	Delaware
1. The name of	the corporation: Wetherill Ass	ociates, Inc.	·
2. The principal	office address: 1101 Enterprise Dr	ive, Royersford, PA 194	
3. The mailing a	address (if different):		· · · · · · · · · · · · · · · · · · ·
4. Date of incorp	poration/qualification: 12/08/1998	Document number:F980000	106649
	d street address of the current registered agent riment of State:	at and registered office on file with	the
	Rick King		
	4210 LB McLeod Road, Suite_1	13	
	Orlando, FL 32811		₹
6. The name and (if changed):	d street address of the new registered agent (i	if changed) and /or registered offic	FIL 05 APR 25 SECRETARY ALLAHASSE
	825 Thomasville Road		
	51A1 CORN		
	Tallahassee, FL 32303	<u> </u>	DE O
The street address changed will	ess of its registered office and the street add be identical.	dress of the business office of its	registered agent,
Such change was	as authorized by resolution duly adopted be the board, or the corporation has been notifi	y its board of directors or by an cled in writing of the change.	officer so
John W.	λ	Jeffery W. Sween, Press (Printed or typed name and tit	
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the obliga ing filed merely to reflect a change in the r s been notified in writing of this change.	ngree to act in this capacity, is relative to the proper and comp tion of my position as registered egistered office address, I hereby	plete performance agent. Or, if this confirm that the
	gnature of Registered Agent)	(Date)	
ii signing on be	chalf of an entity:		
	Typed or Printed Name)	ta	

* * * FILING FEE: \$35.00 * * *