2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUL -6 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002339

1. Entity Name
OMPI COMPANY, INC.

Principal Place of Business	Mailing Address
1629 Locust Street Philadelphia, PA 19103	1629 Locust Street Philadelphia, PA 19103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1629 Locust Street	1629 Locust Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Philadelphia, PA	Philadelphia, PA
Zip: 19103 Country: USA	Zip: 19103 Country: USA

4. FEI Number: 04-2471737 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Corporation Service Company 1201 Hays Street Tallahassee FL 32301	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 _____ 6/29/2001
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 March 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CST Peter Schreiber 1629 Locust Street Philadelphia PA 19103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Peter D. Schreiber 1629 Locust Street Philadelphia PA, 19103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Natalia Powell 2290 Avenue L West Palm Beach, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Peter D. Schreiber 1629 Locust Street Philadelphia PA, 19103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Robert Seavey 2290 Avenue L West Palm Beach, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Peter D. Schreiber 1629 Locust Street Philadelphia PA, 19103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peter D. Schreiber 1629 Locust Street Philadelphia PA, 19103	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000004462890--7	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Peter D Schreiber Peter D. Schreiber Jnue 29, 2001 215-546-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 209602 4307439

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 550.00

ORDER DATE : July 3, 2001

ORDER TIME : 11:42 AM

ORDER NO. : 209602-005

CUSTOMER NO: 4307439

CUSTOMER: Angelique Dibruno, Legal Asst
Reed Smith Llp
2500 One Liberty Pl.
1650 Market Street
Philadelphia, PA 19103-7301

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUL -6 PM 1:36
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ANNUAL REPORT FILING

NAME: OMPI COMPANY, INC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____