## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 23, 2003 8:00 am Secretary of State

| 1. Entity Nan   |                | # M000000006<br>ATE, LLC  | 04-23-2003   |            |  | *50.00   |            |                          |            |                 |
|---|----------------|---|--|------------|--|--|------------|--------------------------|------------|-----------------|
| Principal Place of Business<br>150 MT BETHEL RD<br>WARREN, NJ 07059   |                |   | Mailing Address<br>100 WITMER ROAD<br>P.O. BOX 963<br>HORSHAM, PA 19044-0963 |            |  | 30059472   |            |                          |            |                 |
| 2. Principal Place of Business  |                |   | 3. Mailing Address   |            |  |  |            |                          |            |                 |
| Suite, Apt. #, etc.   |                |   | Suite, Apt. #, etc.  |            |  | ☐ CHECK HERE IF MAKING CHANGES   |            |                          |            |                 |
| City & State  |                |   | City & State   |            |  | 4. FEI Number Applied For Not Applicable   |            |                          | ,          |                 |
| Zip   | Country        |   | <i>Z</i> ìp<br>  | Cour       | ntry   | 5. Certificate of Status Desired   |            | 5.00 Ad<br>ee Require    |            | ].              |
| Name and Address of Current Registered Agent  |                |   |  |            | 7. Name and Address of New Registered Agent        |  |            |                          |            | ]               |
| C T CORPO   | ORATION S      | YSTEM   |  |            | Name   |  |            |                          |            |                 |
| 1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |                |   |  |            | Street Address (P.O. Box Number is Not Acceptable) |  |            |                          |            |                 |
|   |                |   |  |            | City   |  | E:1        | Zip Cod                  |            | -               |
|   |                |   |  |            |  |  | FL         | <u> </u>                 |            | 4               |
| 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. I am familiar with, and accept the obligations of registered agent. |                |   |  |            |  |  |            |                          |            |                 |
| SIGNATURE   |                |   |  |            |  |  |            |                          |            |                 |
| FILE NOWIN FEE IS \$50.00.  Make Check Payable to Florida Department of State  Due By May 1, 2003   |                |   |  |            |  |  |            |                          |            |                 |
| 9.  |                | MANAGING MEMBER   | S/MANAGERS   | 10.        |  | ADDITIONS/C  | HANGES     |                          |            | 1_              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 4 WALNUT       | TE, DAVID M<br>GROVE DRIVE<br>I, PA 19044                                   | . Delete   |            | 1  |  | ,          | Change                   | ☐ Addition | CR2E083 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                | , JOHN B<br>GROVE DRIVE<br>I, PA 19044                                      | ☐ Delete   |            | 1  |  |            | Change                   | ☐ Addition | CRZI            |
| TITUE NAME STREET ADDRESS CIFY-ST-2IP   |                | NNIS F<br>RRD PO BOX 963<br>, PA 190440963                                  | 🔼 Delete   |            | E.   |  |            | Change                   | Addition   |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 100 WITME      | DN, ROBERT H<br>ER ROAD, P.O. BOX 963<br>, PA 190440963                     | ☐ Delete   | H          |  |  | (          | Change                   | Addition   |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ;              | HAEL<br>:R ROAD, P.O. BOX 963<br>, PA 190440963                             | ☐ Delete   |            | ļ  |  | ş*         | Change                   | Addition   |                 |
| TITLE NAME STREET ADDRESS C/TY-ST-ZIP   | HORSHAM        | R ROAD, P.O. BOX 963<br>, PA 190440963                                      |  | CITY       | ET ADDRÉSS<br>ST-ZIP                               | ation 140 07/2VI) Florido Statuto - 14   |            | Change                   | Addition   |                 |
| Indicated   | on this report | Information supplied with the last the section of the receiver or trustee e | at my signature shall have   | e the same | legal effect as # m                                | ction 119.07(3)(i), Florida Statutes. I fi<br>ade under oath; that I am a managin<br>er 608, Florida Statutes. | g member ( | runautnerin<br>ormanagei | r of the   |                 |

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE
Michael Daly, Vice President

4/15/03

(215) 682-1486

Date

Caytime Phone #