CR2E034 (10/00

FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 16, 2001 8:00 am **DOCUMENT # P14791 Secretary of State** 1. Entity Name RICE, UNRUH, REYNOLDS CO. 02-16-2001 90018 047 \*\*\*158.75 Mailing Address Principal Place of Business 115 CHESTNUT STREET 115 CHESTNUT STREET PHILADELPHIA PA 19106 ATTN: NANCY B PHILADELPHIA PA 19106 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-1017230 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CDT Addition TITLE ☐ Delete TITLE ☐ Change REYNOLDS, JOHN T. NAME NAME 3056 REISLER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OXFORD PA CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change MANZI, NICHOLAS D JR NAME NAME 125 CARNOUSTIE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEDIA PA ☐ Change Addition ☐ Delete TITLE TITLE BANDOS, WALTER NAME NAME STREET ADDRESS 7 QUAIL HOLLOW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEWELL NJ 08080 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.