2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 08, 2001 08:00 AM 837035 DOCUMENT # 1. Entity Name **Secretary of State** MARTIN AND MARTIN, INCORPORATED Principal Place of Business Mailing Address SUITE A SUITE A 37 S MAIN STREET 37 S MAIN STREET CHAMBERSBURG CHAMBERSBURG PA PA 17201 17201 US 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 25-1242919 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPONDER, RAYMOND 741 CONCHSHELL MANOR Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 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. 01/08/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TD TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change SIOBERG, CHARLES M. MAME NAME SIOBERG, CHARLES M. 938 E. MCKINLEY ST. STREET ADDRESS STREET ADDRESS 938 E. MCKINLEY ST. CITY-ST-ZIP CHAMBERSBURG PA CHAMBERSBURG CITY-ST-ZIP 17201 ☐ Delete PD TITLE X Change NAME BODNER, RICHARD M. NAME BODNER, RICHARD M. STREET ADDRESS 3344 CARNOOSTIE DRIVE STREET ADDRESS 3344 CARNOUSTIE DRIVE CITY-ST-ZIP CHAMBERSBURG PA CITY-ST-ZIP CHAMBERSBURG 17201 PA ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

01/08/2001

Daytime Phone #

Date

PRES

Richard M. Bodner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _