

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000091534**

1. Entity Name

ALLIED/HOUSTON, INC.**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90072 038 ***150.00

Principal Place of Business C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #321 PLYMOUTH MEETING PA 19462	Mailing Address C/O URDANG & ASSOCIATES 630 WEST GERMANTOWN PIKE #321 PLYMOUTH MEETING PA 19462
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 58-2501106	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525****7. Name and Address of New Registered Agent**

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	(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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. SCOTT URDANG	NAME	
STREET ADDRESS	C/O 630 WEST GERMANTOWN PIKE #321	STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, DAVID	NAME	
STREET ADDRESS	630 W GERMANTOWN PIKE STE-321	STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, STEVEN	NAME	
STREET ADDRESS	630 W GERMANTOWN PIKE, STE-321	STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, VINCENT	NAME	
STREET ADDRESS	630 W GERMANTOWN PIKE, STE-321	STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	TC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Richard J. Ferst
STREET ADDRESS		STREET ADDRESS	630 W. Germantown Pike, Suite 321
CITY-ST-ZIP		CITY-ST-ZIP	Plymouth Meeting, PA 19462
TITLE	<input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mark B. Greco
STREET ADDRESS		STREET ADDRESS	630 W. Germantown Pike, Suite 321
CITY-ST-ZIP		CITY-ST-ZIP	Plymouth Meeting, PA 19462

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: <i>David J. Blum</i>	<i>David J. Blum</i>	3-14-01	610-818-4618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)