

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90009 017 ***158.75

03/26/01

DOCUMENT # F95000005400

1. Entity Name
GENESIS ELDERCARE STAFFING SERVICES, INC.

Principal Place of Business 101 EAST STATE STREET KENNETT SQUARE PA 19348 US	Mailing Address 101 EAST STATE STREET KENNETT SQUARE PA 19348 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2739597**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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)

**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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DC WALKER, MICHAEL R STREET ADDRESS 101 EAST STATE STREET CITY-ST-ZIP KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME D HOWARD, RICHARD R STREET ADDRESS 101 EAST STATE STREET CITY-ST-ZIP KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME VP MCKEON, JAMES V. STREET ADDRESS 101 EAST STATE STREET CITY-ST-ZIP KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME VCFO HAGER, GEORGE V JR. STREET ADDRESS 101 EAST STATE STREET CITY-ST-ZIP KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME T HAUSWALD, BARBARA J STREET ADDRESS 101 EAST STATE STREET CITY-ST-ZIP KENNETT SQUARE PA 19348	<input type="checkbox"/> Delete
TITLE NAME S GUBERNICK, IRA C STREET ADDRESS 101 EAST STATE STREET CITY-ST-ZIP KENNETT SQUARE PA 19348	<input checked="" type="checkbox"/> Delete

TITLE NAME SECRETARY JAMES J. WANDMILLER STREET ADDRESS 101 East State Street CITY-ST-ZIP Kennett Square PA 19348	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James V. Mckeon **James V. Mckeon** 1-10-01 610-444-6350
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)