


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90143 050 ***150.00

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DOCUMENT # P98000076476	
1. Entity Name WESTCHESTER SPECIALTY SERVICES, INC.	

Principal Place of Business 204 S. MONROE ST. TALLAHASSEE FL 32301	Mailing Address 204 S. MONROE ST. TALLAHASSEE FL 32301
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2. Principal Place of Business	3. Mailing Address 1601 Chestnut Street TL 305
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Philadelphia, PA	City & State Philadelphia, PA
Zip 19103	Country PHIL

4. FEI Number 58-2430509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D NAME SCHWAMBERGER, KURT STREET ADDRESS 1601 CHESTNUT STREET CITY-ST-ZIP PHILADELPHIA PA 19103	<input checked="" type="checkbox"/> Delete
TITLE TD NAME GARRIGAN, WILLIAM P STREET ADDRESS 500 COLONIAL CENTER PKWY STE 200 CITY-ST-ZIP ROSWELL GA 30076	<input checked="" type="checkbox"/> Delete
TITLE GCS NAME MORRISON, KATHLEEN K STREET ADDRESS 500 COLONIAL CENTER PKWY STE 200 CITY-ST-ZIP ROSWELL GA 30076	<input type="checkbox"/> Delete
TITLE PD NAME VIVORI, MARC D STREET ADDRESS 4550 RIVER GREEN PKWY SUITE 220 CITY-ST-ZIP DULUTH GA 30096	<input checked="" type="checkbox"/> Delete
TITLE VP NAME HERNAN, KIRSTON STREET ADDRESS 1601 CHESTNUT STREET 2 LIBERTY PLACE CITY-ST-ZIP PHILADELPHIA PA 19103	<input type="checkbox"/> Delete
TITLE VP NAME YATES, MICHAEL STREET ADDRESS 4550 RIVER GREEN PKWY STE 220 CITY-ST-ZIP DULUTH GA 30096	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FRANCIS W. McDONNELL STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TREAS NAME CRAIG A. NYMAN STREET ADDRESS 1601 CHESTNUT STREET CITY-ST-ZIP PHILADELPHIA, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRES. NAME PATRICIA W. GIBSON STREET ADDRESS 1601 CHESTNUT STREET CITY-ST-ZIP PHILADELPHIA, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASSISTANT SECRETARY NAME FRANK P. CZEKAY STREET ADDRESS 1601 CHESTNUT STREET CITY-ST-ZIP PHILADELPHIA, PA 19103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK P. CZEKAY **5/19/03** **315-640-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ASSISTANT SECRETARY

CR2E034 (10/02)

ACE INA

Attachment
Doc # P90000076476

Corporate Tax Department, TL20J
1601 Chestnut Street
P.O. Box 41484
Philadelphia, PA 19101-1484

215-640-1575 tel
215-640-5545 fax
8020851
frank.czekay@ace-ina.com

May 19, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Westchester Specialty Services, Inc.
FEIN: 58-2430509

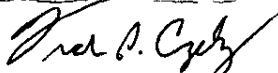
Dear Sir or Madam:

Taxpayer respectfully requests abatement of the late filing penalty of \$400.00 related to its 2003 For Profit Corporation Uniform Business Report ("UBR"). Taxpayer has recently undergone personnel reductions at its facility located in Duluth, Georgia. Due to these personnel changes, responsibility for filing the UBR was in the process of being transferred to another office. Unfortunately, the original UBR was misplaced during this transition period. As soon as taxpayer located the missing UBR, it took the appropriate steps to complete and file the UBR, together with the filing fee of \$150.00.

Based upon the above facts, taxpayer requests consideration for abatement of the late filing penalty of \$400.00.

Please contact me if you have any further questions or require additional information to process our request.

Sincerely,



Frank P. Czekay
State Tax Manager

Enclosures