

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90161 036 ***150.00

DOCUMENT # 125769

1. Entity Name
THE SOUTHERN RESIN & CHEMICAL COMPANY

Principal Place of Business **Mailing Address**
100 S INDEPENDENCE MALL WEST **100 S INDEPENDENCE MALL W**
PHILADELPHIA PA 19106-2399 **PHILADELPHIA PA 19106-2399**

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 **59-0458060** **Applied For**
Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	VT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIEBERT, EDWARD E			NAME			
STREET ADDRESS	100 INDEPENDENCE MALL WEST			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19106			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRANOFF, G.P.			NAME			
STREET ADDRESS	100 INDEPENDENCE MALL WEST			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BELL, BJ			NAME			
STREET ADDRESS	100 INDEPENDENCE MALL WEST			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19106			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MACPHEE, T.D.			NAME			
STREET ADDRESS	100 INDEPENDENCE MALL WEST			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19106			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARMER, STANLEY J			NAME			
STREET ADDRESS	100 S INDEPENDENCE MALL WEST			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19106-2399			CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WORTHINGTON, ROBERT F			NAME			
STREET ADDRESS	100 INDEPENDENCE MALL WEST			STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA 19106			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.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

AT
GEORGE B. AMOSS
100 INDEPENDENCE MALL WEST
PHILADELPHIA, PA 19106
1/25/02

CR2E034 (9/01)