

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 465725

Entity Name: EYELET, INC.

FILED
Apr 22, 2003
Secretary of State

Current Principal Place of Business:

ONE CROWN WAY
PHILADELPHIA, PA 191544599 US

New Principal Place of Business:

Current Mailing Address:

ONE CROWN WAY
PHILADELPHIA, PA 191544599 US

New Mailing Address:

FEI Number: 04-2825945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUTHERFORD, ALAN
Address: ONE CROWN WAY
City-St-Zip: PHILADELPHIA, PA 191544599 US

Title: DVPS () Delete
Name: GALLAGHER, WILLIAM T
Address: ONE CROWN WAY
City-St-Zip: PHILADELPHIA, PA 191544599 US

Title: D () Delete
Name: MECHURA, FRANK J
Address: ONE CROWN WAY
City-St-Zip: PHILADELPHIA, PA 191544599 US

Title: P () Delete
Name: PEARLMAN, STEVEN T
Address: 1100 BUCKINGHAM STREET
City-St-Zip: WATERTOWN, CT 06795 US

Title: VPT () Delete
Name: BURNS, MICHAEL B
Address: ONE CROWN WAY
City-St-Zip: PHILADELPHIA, PA 191544599 US

Title: AS () Delete
Name: ROWLEY, MICHAEL J
Address: ONE CROWN WAY
City-St-Zip: PHILADELPHIA, PA 191544599 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SZMYT, PATRICK D
Address: ONE CROWN WAY
City-St-Zip: PHILADELPHIA, PA 191544599 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. GALLAGHER

DS

04/22/2003

Electronic Signature of Signing Officer or Director

Date