2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **474985** Jan 20, 2000 8:00 am **Secretary of State** PDR MANAGEMENT CORP. 01-20-2000 90164 039 ***150.00 Mailing Address Principal Place of Business 2240 TULPENHOCKEN RD 2240 TULPENHOCKEN RD P.O. BOX 6387 P.O. BOX 6387 704414 WYOMISSING PA 19610-0387 WYOMISSING PA 19610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1582406 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change Delete TITLE TITLE ROWE, PHILIP D. JR. NAME NAME STREET ADDRESS STREET ADDRESS 2222 TULPEHOCKEN RD CITY-ST-ZIP CITY-ST-7IP READING PA 19610 ☐ Change ☐ Addition Delete TITLE TITLE ROWE, MARY LEE NAME NAME STREET ADDRESS 2224 TULPEHOCKEN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **READING PA 19610** ☐ Change ☐ Addition TITLE 🗶 Delete TITLE BARTO, AMELIA R. (ASST) .NAME NAME STREET ADDRESS STREET ADDRESS 2224 TULPEHOCKER RD. CITY-ST-ZIP CITY-ST-ZIP WYOMISSING PA 19610 TITLE ☐ Change Addition ☐ Delete TITLE BARTO, LARRY S. NAME NAME STREET ADDRESS STREET ADDRESS 2224 TULPEHOCKER RD. CITY-ST-ZIP CITY-ST-ZIP WYOMISSING PA 19610 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROWE Jr. Phrs 1/12/0

Daytime Phone #