2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT. #648286** 1. Entity Name SELKIRK SYSTEMS, INC. Principal Place of Business Mailing Address 1500 MARKET STREET 1500 MARKET ST. 36TH FLOOR 36TH FLOOR PHILADELPHIA PA 19102 PHILADELPHIA, PA 19102-2148 2. Principal Place of Business 3. Malling Address 1500 MARKET ST Suite, Apt. #, etc. Suite, Apt. #, etc. TAX DEPARTMENT City & State City & State PHILADELPHIA PA Zip Zip Country Country 5 19102 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.C PLANTATION, FL 33324 CIN 8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agents ignature required with OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TILE BURKE, STEPHEN B NAME NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 City-S1-2IP 1016 TITLE ☐ Delete BACKSTROM, STEPHEN C. NAME NAME STREET ADDRESS 1500 MARKET ST. STHEET ADDRESS CITY-ST-2IP PHILADELPHIA, PA 19102 CRY-ST-ZIP TRIE TITLE ☐ Delete NAME SMITH, LAWRENCE S. NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP VD TITLE VDS **X** Delete TITLE **BLOCK** WANG, STANLEY NAME NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS 1500 MA CITY-ST-ZIP PHILADELPHIA, PA 19102 CITY-ST-ZIP **PHILAD** TITLE Delete TITLE NAME ALCHIN, JOHN NAME STREET ADDRESS 1500 MARKET ST. STREET ADDRESS PHILADELPHIA, PA 19102 CITY-ST-ZIP CITY-ST-ZIP X Delete VD TITLE TITLE COHEN ROBERTS, RALPH 1500 M STREET ADDRESS 1500 MARKET ST. STREET ADDRESS PHILAD PHILADELPHIA, PA 19102 CMY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section Thereby certify that the information supplied with this filling does not quality for the exemption stated in cover-indicated on this report or supplemental report is true and accurate and that my signature shall have the san of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fl changed, or on an attachment with an address, with all other like empowered.

C. STEPHEN BACKSTROM

1.4.1.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED Apr 24, 2003 8:00 am

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☑ CHECK HERE IF MAKING CHANGES	
4. FEI Number Applied For Not Applied by	
5. Certificate of Status Desired \$8.75 Additional Fee Required	7
Name and Address of New Registered Agent	
D. Box Number is Not Acceptable)	\dashv
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FL Zip Code	1
agent, or both, in the State of Florida. I am familiar with, and accept	
en reinstaling) DATE	
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u>ا</u> ۾
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, ARTHUR ARKET STREET	
ELPHIA, PA 19102	\dashv
N, DAVID L.	
ARKET STREET DELPHIA, PA 19102	
on 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 10 or Block 11 if	
OM 4/14/03 215-981-7557	

215-981-7557