

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90048 047 \*\*\*550.00

<b>DOCUMENT #:</b> 678039			
1. Entity Name OJV CORPORATION			
Principal Place of Business 1801 CHURCH ROAD BOX D GLENSIDE PA 19038 FORT WASHINGTON PA 19034		Mailing Address PO BOX 70 PO 187 GLENSIDE PA 19038 FORT WASHINGTON PA 19034	
2. Principal Place of Business 455 PENNSYLVANIA AVE Suite, Apt. #, etc. 205		3. Mailing Address PO BOX 187 Suite, Apt. #, etc.	
City & State FORT WASHINGTON PA Zip 19034		City & State FORT WASHINGTON PA Zip 19034	
Country		Country	
4. FEI Number 23-2157482		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CULISH, JERRIE S. 1700 E. LAS OLAS BLVD., SUITE 200 FORT LAUDERDALE FL 33301			
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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FROST, JOHN L. 1801 CHURCH ROAD GLENSIDE PA 19038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 PENNSYLVANIA AVE - SUITE 205 FORT WASHINGTON PA 19034 Box 187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTGOMERY, ANN 1801 CHURCH RD GLENSIDE PA 19038 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 PENNSYLVANIA AVE - SUITE 205 FORT WASHINGTON PA 19034 Box 187 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u>JOHN L. FROST</u> <input checked="" type="checkbox"/> <b>SIGNATURE REQUIRED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date <u>8-13-01</u> Daytime Phone # <u>215-540-2750</u>			

CR2E034 (5/01)