

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824414

1. Entity Name

M.A. BRUDER & SONS, INCORPORATED

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90013 029 ***158.75

Principal Place of Business

Mailing Address

600 REED ROAD
BROOMALL PA 19008-3505

600 REED ROAD
BROOMALL PA 19008-3505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1275778

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 PD
NAME BRUDER, THOMAS A. JR.
STREET ADDRESS 600 REED RD.
CITY-ST-ZIP BROOMALL PA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE V
NAME WINTERS, DAVID R.
STREET ADDRESS 600 REED RD.
CITY-ST-ZIP BROOMALL PA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE VD
NAME BRUDER, JAMES J
STREET ADDRESS 600 REED RD.
CITY-ST-ZIP BROOMALL PA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE VD
NAME BRUDER, MICHAEL A.
STREET ADDRESS 600 REED ROAD
CITY-ST-ZIP BROOMALL PA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE S
NAME BRUDER, THOMAS A
STREET ADDRESS 9 PLYMOUTH ROAD
CITY-ST-ZIP NEWTOWN SQUARE PA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE AST
NAME BURNS, FRANCIS P.
STREET ADDRESS 604 WILDE AVE
CITY-ST-ZIP DREXEL HILL PA

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST SECY/TREAS.

Date

Daytime Phone #

2/3/00 (610)3535100

CR2E034 (9/99)