2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

GATEWAY ONE

101 GATEWAY CENTRE PKWY.

DOCUMENT # 825172

Entity Name

⊇ LOGAN SQUARE

SUITE 500

Principal Place of Business

INDUSTRIAL VALLEY TITLE INSURANCE COMPANY

changed, or on an attachment with an address, with all other like empowered

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILADELPHIA PA 19103 RICHMOND VA 23235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-1634539 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL BLDG TALLAHASSEE FL 32301 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD ☐ Delete TITLE ☐ Addition NAME ALPERT, JANET A NAME STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY., GATEWAY ONE CITY-ST-ZIP CITY-\$T-ZIP RICHMOND VA 23235 TITLE SVP ☐ Delete TITLE ☐ Change Addition PERRINE, CHADWICK W NAME STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY.. GATEWAY ONE CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235 TITLE SVPT ☐ Delete TITLE Change Change ☐ Addition NAME RAMOS, RONALD B NAME STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY, GATEWAY 1 CITY-ST-7IP RICHMOND VA 23235 CITY-ST-ZIP TITLE DSVP ☐ Delete Change Addition NAME ROSATI, CHRISTOPHER L STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PARKWAY CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235 TITLE VΡ Delete TITLE Change Addition NAME COZZO, FRANK NAME STREET ADDRESS STREET ADDRESS 2 LOGAN SQUARE, SUITE 500 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA 19103 AVP TITLE ☐ Delete TITLE Change Addition NAME DISTEFANO, JAMES J NAME STREET ADDRESS 123 N. OLIVE ST. STREET ADDRESS CITY-ST-ZIP MEDIA PA 19063 CITY-ST-ZIP 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

Wm. Chadwick Perrine

2/14/2001

804 267-8317

Daytime Phone #

FILED Mar 02, 2001 8:00 am

Secretary of State

03-02-2001 90051 037 ***150.00