DOCUN 1. Entity Name	UNIFORM BUS MENT # 826409 YNE INTERNATIONAL, INC		RT (UBR	<b>R) 112 FILED</b> Apr 30, 2001 8:00 an Secretary of State 04-30-2001 90048 042 ***150.00
601 CHESTNUT ST_TL13A		Mailing Address TWO-LIBERTY-PL		
2. Principal Pla	ace of Business	5. Mailing Address 1601 Church Suite, Apt. #, etc. 7	the the	
Suite, Apt. #	1 Chistnut Sa #. etc. TL 20.T	Suite, Apt. #, etc.	-1 2 a T	DO NOT WRITE IN THIS SPACE
City & State	,	City & State	- 905	4. FEI Number 23-1734490 Appiled For
Zip /9	Country	Zip 19103	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Currer			7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM			Name	
1200	S. PINE ISLAND ROAD		Street Ac	Address (P.O. Box Number 's Not Acceptable)
PLANTATION FL 33324				
			City	Zio Code
Tax filing r	ration is eligible to satisfy its Intangit equirement and elects to do so. ia on back)	After MAY 1, 2	/!!! FEE IS \$150.0 001 Fee will be \$5 ble to Department 12.	550.00 10. Election Campaign Financing \$5.00 May Be
ITLE NAME STREET ADDRESS SITY-ST-ZIP	PD MCNAMEE, FRANCIS J. 1601 CHESTNUT STREET PHILADELPHIA PA	Deiete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITLE AME TREET ADDRESS ITY - ST - ZIP	<del>VAT BEROSTEINSSON, PAUL</del> 1601 CHESTNUT STREET PHILADELPHIA PA	Delete	TITUE NAME STREET ADDRESS CITY-ST-ZIP	VT Kenneth R. GalleTT Change Addition
TLE AME TREET ADDRESS ITY - ST - ZIP	s Mulligan, george D. 1601 Chestnut Street Philadelphia Pa	Delete	TITLE NAME STREEF ADDRESS CITY - ST - ZIP	
TLE AME TREET ADDRESS ITY - ST - ZIP	AS <del>SMITH, KIM M →</del> 1601 CHESTNUT ST. PHILADELPHIA PA	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DAVID B. CORWIN KChange Addit
ITLE IAME TREET AODRESS ITY - ST - ZIP	d Franklin, Richard C 1601 Chestnut St. Philadelphia Pa	Delete	TITLE NAME STREAT ADDRESS CITY-ST-ZIP	Change 🗍 Addit
STREET ADDRESS STY - ST - ZIP	D WRATTEN, RICHARD W. 1601 CHESTNUT ST. PHILADELPHIA PA	□ Deiete	TITLE NAME STREET ADORESS CITY - ST - ZIP	
indicated of the cor	I on this report or supplemental report rporation or the receiver or trustee er , or on an attachment with an addres	rt is true and accurate and tha npowered to execute this repo is, with all other like empowere	t my signature shall h ort as required by Cha ed.	tated in Section 119.07(3)(i). Florida Statutes. I further certify that the information have the same legal effect as if made under oath, that I am an officer or directed hapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 $\frac{4/24}{29001} \frac{315-640-100}{215-640-100}$