

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827429

1. Entity Name

FORMATION, INC.

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90036 022 \*\*\*150.00

Principal Place of Business

121 WHITTENDALE DRIVE  
MOORESTOWN NJ 08057

Mailing Address

121 WHITTENDALE DRIVE  
MOORESTOWN NJ 08057-1364

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-1909393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

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 D ☐ Delete  
NAME BEARD, DONALD  
STREET ADDRESS 9204 WOODVALE DR  
CITY-ST-ZIP DAMASCUS MD

TITLE D ☐ Delete  
NAME PAMPEL, ROLAND  
STREET ADDRESS 33 CHEQUAMEGON BAY  
CITY-ST-ZIP MADISON WI

TITLE VS ☐ Delete  
NAME KESSLER, BARRY  
STREET ADDRESS 732 SOCIETY HILL  
CITY-ST-ZIP CHERRY HILL NJ

TITLE D ☐ Delete  
NAME BRAGG, GEORGE L.  
STREET ADDRESS #6 HUTTON CENTRE DR., SUITE #1110  
CITY-ST-ZIP SANTA ANA CA

TITLE PD ☐ Delete  
NAME EVATI, N  
STREET ADDRESS 121 WHITTENDALE DRIVE  
CITY-ST-ZIP MOORESTOWN NJ 08057

TITLE CT ☐ Delete  
NAME WORTHMAN, CHARLES A  
STREET ADDRESS 121 WHITTENDALE DRIVE  
CITY-ST-ZIP MOORESTOWN NJ 08057

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MICHAEL BERTA  
STREET ADDRESS 1595 SPRING HILL RD. SUITE 100  
CITY-ST-ZIP VIENNA, VA 22182

TITLE IZA LUBERT DIRECTOR ☐ Change ☒ Addition  
NAME IZA LUBERT  
STREET ADDRESS 1811 CHESTNUT ST., 8th FLOOR  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. WORTHMAN  
VUE PRESIDENT

Date

Daytime Phone #

1/11/00 (856) 234-5020

CR2E034 (9/99)