

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90114 036 ***150.00

DOCUMENT # 827429

1. Entity Name

FORMATION, INC.

Principal Place of Business

**121 WHITTENDALE DRIVE
MOORESTOWN NJ 08057**

Mailing Address

**121 WHITTENDALE DRIVE
MOORESTOWN NJ 08057**

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**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BEARD, DONALD	
STREET ADDRESS	9204 WOODVALE DR	
CITY-ST-ZIP	DAMASCUS MD	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAMPEL, ROLAND	
STREET ADDRESS	33 CHEQUAMEGON BAY	
CITY-ST-ZIP	MADISON WI	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KESSLER, BARRY	
STREET ADDRESS	732 SOCIETY HILL	
CITY-ST-ZIP	CHERRY HILL NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAGG, GEORGE L.	
STREET ADDRESS	#6 HUTTON CENTRE DR., SUITE #1110	
CITY-ST-ZIP	SANTA ANA CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVATI, N	
STREET ADDRESS	121 WHITTENDALE DRIVE	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	CT	<input type="checkbox"/> Delete
NAME	WORTHMAN, CHARLES A	
STREET ADDRESS	121 WHITTENDALE DRIVE	
CITY-ST-ZIP	MOORESTOWN NJ 08057	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRA LUBERT	
STREET ADDRESS	1811 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1/12/01 (856) 234-5020

CR2E034 (10/00)