

2001 UNIFORM BUSINESS REPORT (UBR) 1-16

DOCUMENT # 827741

1. Entity Name
INAC CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90048 039 ***150.00

752962



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1801 CHESTNUT ST TL13A PHILADELPHIA PA 19103 US		Mailing Address 1801 CHESTNUT ST TL13A PHILADELPHIA PA 19103 US	
2. Principal Place of Business 1601 Chestnut St Suite, Apt. #, etc. TL205		3. Mailing Address 1601 Chestnut St Suite, Apt. #, etc. TL205	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-1952367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD HICKLEY, JR R A 1601 CHESTNUT ST PHILADELPHIA PA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PD ROBERT E. OMAHNE 1133 Avenue of the Americas; 32 floor New York, NY 10036 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP VT GARRETT, KENNETH R 1601 CHESTNUT ST. PHILADELPHIA PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 19103 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S MULLIGAN, GEORGE D. 1601 CHESTNUT ST. PHILADELPHIA PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 19103 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP AS SMITH, KIM M 1601 CHESTNUT ST PHILADELPHIA PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVID B. CORWIN 19103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CHANDLER, ARTHUR E. 1601 CHESTNUT STREET PHILADELPHIA PA 19103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVID A. BUZEN 1133 Avenue of the Americas; 32 floor New York, NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP D IRVAN, ROBERT P. 1601 CHESTNUT STREET PHILADELPHIA PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP John Edmonds 19103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: DAVID B. CORWIN 4/24/2001 315-640-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)