## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Andrew S. Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # 835715** LEGION MANAGEMENT CORPORATION 05-15-2000 91400 006 \*\*\*150.00 Principal Place of Business Mailing Address ONE LOGAN SQUARE ONE LOGAN SQUARE STE 1400 STE 1400 A0058438 PHILADELPHIA PA 19103-6933 PHILADELPHIA PA 19103 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 73-0978856 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET **STE 105** TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITI F ☐ Delete TITLE FREDERICK, GREGG C. NAME STREET ADDRESS STREET ADDRESS ONE LOGAN SQUARE STE 1400 CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA TITLE ☐ Change ☐ Addition Delete TITLE TURNER, RICHARD NAME NAME STREET ADDRESS ONE LOGAN SQUARE STE 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PHILADELPHIA PA ☐ Addition VTD: ~ -Change TITLE □ Delete MULDERIG, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 44 CHURCH ST CITY-ST-7IP CITY-ST-ZIP HAMILTON, BERMUDA ☐ Addition ☐ Change TITLE ☐ Delete TITLE KESSOCK, JOHN, JR. NAME NAME ONE LOGAN SQUARE STE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA TITI F VD. ☐ Delete Change Addition WALSH, ANDRÉW S. NAME NAME STREET ADDRESS ONE LOGAN SQUARE STE 1400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 offer like empowered.

215-963-1200

Daytime Phone #

4/24/00