

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90033 002 ***150.00

DOCUMENT # 840330

1. Entity Name
FRANK W. HAKE, INC.

Principal Place of Business Mailing Address
CHESTER PIKE **1500 CHESTER PIKE**
PA 19022 **EDDYSTONE PA 19022-1337**



DO NOT WRITE IN THIS SPACE

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 Applied For
23-1745638 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 _____ (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	
TITLE	V <input type="checkbox"/> Delete
NAME	PRICE, JAMES
STREET ADDRESS	1500 CHESTER PIKE
CITY-ST-ZIP	EDDYSTONE PA 19022
TITLE	V <input type="checkbox"/> Delete
NAME	HANSEN, KNUD
STREET ADDRESS	1500 CHESTER PIKE
CITY-ST-ZIP	EDDYSTONE PA 19022
TITLE	S <input type="checkbox"/> Delete
NAME	SEGAL, ALAN
STREET ADDRESS	1500 CHESTER PIKE
CITY-ST-ZIP	EDDYSTONE PA 19022
TITLE	AS <input type="checkbox"/> Delete
NAME	LERARIO, CAROLYN
STREET ADDRESS	1500 CHESTER PIKE
CITY-ST-ZIP	EDDYSTONE PA 19022
TITLE	V <input type="checkbox"/> Delete
NAME	PETRIS, WILLIAM J
STREET ADDRESS	1500 CHESTER PIKE
CITY-ST-ZIP	EDDYSTONE PA 19022
TITLE	PTD <input type="checkbox"/> Delete
NAME	HAKE II, FRANK W
STREET ADDRESS	1500 CHESTER PIKE
CITY-ST-ZIP	EDDYSTONE PA 19022

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: *Frank W. Hake II*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 610876929
 Date Daytime Phone #

CR2E034 (9/99)