

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 853202**

1. Entity Name

HAJOCA CORPORATION

Principal Place of Business

**127 COULTER AVE
ARDMORE PA 19003
US**

Mailing Address

**127 COULTER AVE
ARDMORE PA 19003
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	C	<input type="checkbox"/> Delete
NAME	COLBURN, KEITH W	
STREET ADDRESS	555 SKOKIE BLVD., SUITE 555	
CITY-ST-ZIP	NORTHBROOK IL	

TITLE	VT	<input type="checkbox"/> Delete
NAME	PAPPO, CHRISTOPHER	
STREET ADDRESS	127 COULTER AVE	
CITY-ST-ZIP	ARDMORE PA	

TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	PLUNKETT, MICHAEL K.	
STREET ADDRESS	127 COULTER AVE.	
CITY-ST-ZIP	ARDMORE PA	

TITLE	P	<input type="checkbox"/> Delete
NAME	KLAU, RICHARD	
STREET ADDRESS	127 COULTER AVE	
CITY-ST-ZIP	ARDMORE PA	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

CHRISTOPHER PAPPO VES PRES. FINANCES

Date

1/5/01 (610)649-1430

Daytime Phone #

**FILED
Jan 23, 2001 8:00 am
Secretary of State**

01-23-2001 90033 026 ***150.00

701575

DO NOT WRITE IN THIS SPACE

4. FEI Number **23-2203401**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)

0443260