

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 853846

1. Entity Name
Institutional Concepts, Inc.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90001 034 ***150.00

952524

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

Principal Place of Business
1000 Chesterbrook Blvd.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1717
Suite, Apt. #, etc.

City & State
Berwyn PA

City & State
Valley Forge PA

4. FEI Number Applied For
Not Applicable

Zip Country
19312-1181

Zip Country
19482-1717

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island RD
Plantation FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ST-ZIP	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	<i>S. Douglas Israel</i>	<i>1000 Chesterbrook Blvd.</i>	<i>Berwyn PA 19312-1181</i>					<input type="checkbox"/>	<input type="checkbox"/>
D	<i>Finelli, Mary Lynn</i>	<i>1000 Chesterbrook Blvd.</i>	<i>Berwyn PA 19312-1181</i>					<input type="checkbox"/>	<input type="checkbox"/>
D	<i>Kloss, Robert W.</i>	<i>1000 Chesterbrook Blvd.</i>	<i>Berwyn PA 19312-1181</i>					<input type="checkbox"/>	<input type="checkbox"/>
DS	<i>Potter, James C.</i>	<i>1000 Chesterbrook Blvd.</i>	<i>Berwyn PA 19312-1181</i>					<input type="checkbox"/>	<input type="checkbox"/>
T	<i>Gatta, Rosanne</i>	<i>1000 Chesterbrook Blvd.</i>	<i>Berwyn PA 19312</i>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Joanne Gatta Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

(610) 407-1717
Daytime Phone #