
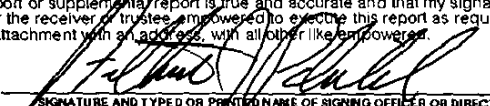


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90164 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 855169					
1. Entity Name THE NORWOOD COMPANY - SE					
Principal Place of Business 530 BRANDYWINE PKWY W. CHESTER, PA 19380		Mailing Address 530 BRANDYWINE PKWY W. CHESTER, PA 19380			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2066074	
Zip		Country		Applied For Not Applicable	
5. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
F & L CORP. 200 LAURA STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____					
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FARRELL, JOHN E	NAME	John C. Rosero		
STREET ADDRESS	530 BRANDYWINE	STREET ADDRESS	530 Brandywine Parkway		
CITY-ST-ZIP	W. CHESTER, PA 19380	CITY-ST-ZIP	W. Chester, PA 19380		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWNETT, HERBERT	NAME			
STREET ADDRESS	530 BRANDYWINE	STREET ADDRESS			
CITY-ST-ZIP	W. CHESTER, PA 19380	CITY-ST-ZIP			
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLISHUK, ARTHUR J.	NAME			
STREET ADDRESS	530 BRANDYWINE	STREET ADDRESS			
CITY-ST-ZIP	W. CHESTER, PA 19380	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEAGHER, TOM J	NAME			
STREET ADDRESS	530 BRANDYWINE	STREET ADDRESS			
CITY-ST-ZIP	W. CHESTER, PA 19380	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLAGHER, GERALD J	NAME			
STREET ADDRESS	530 BRANDYWINE PKWY	STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER, PA 19380	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOSHOW, JAMES N	NAME			
STREET ADDRESS	530 BRANDYWINE PKWY	STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER, PA 19380	CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Arthur J. Polishuk			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ City/State Phone # _____			

CR2E034 (10/02)